The
Council of
State
Governments

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STATE REGULATION OF THE HEALTH OCCUPATIONS AND PROFESSIONS: 1985-86

FINAL REPORT
MARCH 1987

Prepared by

The National Clearinghouse on Licensure,
Enforcement and Regulation and

The Council of State Governments
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PREFACE

States regulate over forty health occupations and professions. Each state legislature determines which health occupations and professions the state will regulate, the type of credential, the scope of practice of the profession, and the administrative and policymaking structures which will carry out the ongoing regulatory functions.

The Council of State Governments has published a series of research reports beginning in 1952 with Occupational Licensing in the States, designed to provide policymakers with comparative state information on state occupational and professional regulation issues. The Council of State Governments is a national organization funded and supported by all 50 state governments. Its purpose is to provide research and educational opportunities to all three branches of government across the 50 states and U.S. Territories. The National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) is an affiliated organization of the Council of State Governments. It is a national organization composed of state officials and administrators involved with occupational licensing and regulation issues.

In 1984 the Council of State Governments and the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) were awarded a three-year project by the Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Under this project, the state statutes and administrative regulations pertaining to approximately 40 health occupations and professions have been collected. Using these laws, staff have compiled tables on the nature of state credentialing, including the structures, state credentialing requirements, and interstate reciprocal agreements for over 20 health occupations and professions.

This report--State Regulation of the Health Occupations and Professions: 1985-86--is the principle overview of state laws governing the health professions produced during the project's second year. Special thanks for their expert advice and oversight during the project's second year are extended to the members of the Health Professions Licensure Information System Advisory Committee: Dr. Joseph Hamburg, MD, Professor, University of Kentucky Medical School; Helen Herring, LCSW, Partner, Herring, Reeb and Associates; Barbara Nichols, RN, Secretary, Wisconsin Dept. of Regulation and Licensing; Dr. Benjamin Shimberg, Ph.D, Senior Research Scientist, Educational Testing Service; and Sara Townsend, Majority Whip, New Hampshire House of Representatives.

During the project's first year two reports, providing an overview of state laws governing selected health professions, were compiled and published. One report--State Credentialing of the Health Occupations and Professions: 1984-85--provides 50-state comparative information on the regulation of the following professions: Acupuncture; Chiropractic Medicine; Nursing, LPN, RN, Nurse Practitioner and Nurse Midwifery; Occupational Therapy; Physical Therapy; and Podiatric Medicine. The second report--State Credentialing of the Behavioral Science Professions: Counselors, Psychologists and Social Workers--provides an in-depth look at the state regulation of the three behavioral science professions.

During the project's second year, in addition to this report, one special study was completed. This study is entitled, State Sunrise Programs: Deciding When to Regulate Health Professions.

The Project Director is Frances Stokes Berry, the Council of State Governments' Director of the Center for Health and Regulation, and Director of CLEAR. Andy Arnett, Ed Bowling, Pam Brinegar, Lori Cannon, Nancy Hoffman and Ellen Hume have served as research assistants for the project. Blessing Brown has been the project's secretary and meeting coordinator. Pat Bancroft and Wanda Hines have typed multiple drafts of the project's reports cheerfully and competently.

The Project Officer has been B. Jerald McClendon, Bureau of Health Professions, HRSA, U.S. Department of Health and Human Services. The Council of State Governments and CLEAR gratefully acknowledge the Health Resources and Services Administration's support under Contract #240-84-0094, without which this project could not have been undertaken.

Carl Stenberg, Executive Director
The Council of State Governments

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Executive Secretary
State Board of Healing Arts
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CHAPTER I

INTRODUCTION

INTRODUCTION

1.1. Background

States are the principal government regulating the health occupations and professions. Approximately 22 health professions are regulated by a majority of the states while 21 health occupations are regulated by fewer than half the states.

Since 1965 when Medicare and Medicaid were enacted, vast changes have taken place in America's health delivery systems, and in the types and numbers of health personnel who work in the health system. Developments in health technology, medical science, and the varieties of health care delivery systems have led to an increased number of allied health occupations practicing in the last two decades. The scopes of practice of emerging and established health professions have been defined frequently through legislative conflicts as representatives from the newer allied health occupations have gone to state legislatures to request state regulation of their occupations.

1.2. Purpose and Methodology of Report

This report is intended for state and federal policymakers, college and university health faculty, professional association staff, and health care practitioners. The purposes of the report are threefold:

(1) To provide an overview of health personnel credentialing laws, regulatory actions and court decisions during the year 1985-86;

(2) To provide current 50-state comparative data summaries on the most frequently asked questions about how states regulate particular health professions; and,

(3) To inform policymakers that The Council of State Governments has the 50-state statutes and regulations on over 35 health occupations and professions on file for ready research.

Project staff have compiled a comprehensive collection of state statutes and regulations for the following health occupations and professions:

- Acupuncturist
- Chiropractor
- Counselor
- Dentist
- Dental Assistant
- Dental Hygienist
- Denturist
- Dietitian
- Emergency Medical Technologist
- Hearing Aid Dealer & Fitter
- Homeopath
- Occupational Therapy Assistant
- Opthalmic Assistant
- Optician
- Optometrist
- Pharmacist
- Pharmacist Assistant
- Physical Therapist
- Physical Therapy Assistant
- Physician
- Physician Assistant
- Podiatrist

- Hospital Administrator
- Licensed Practical Nurse
- Medical Technologist
- Naturopath
- Nuclear Medicine Technician
- Nurse Midwife
- Nurse Practitioner
- Nursing Home Administrator
- Occupational Therapist
- Psychologist
- Radiologic Technologist
- Radiation Therapist
- Registered Nurse
- Respiratory Therapist
- Sanitarian
- Speech Pathologist & Audiologist
- Social Worker
- Veterinarian

In developing the tables for the eight health occupations and professions included in this report, project staff read the statutes and regulations and compiled the tabular information based on the state practice act. Thus, this report reflects information contained in state laws, not garnered by a 50-state survey. The tables and narrative were reviewed by the Advisory Committee and selected experts in the particular health field.

1.3. Impact of Regulation

Legislators are frequently faced with a dilemma when occupational representatives approach them with regulation requests. Legislators must ask, "Is regulation truly necessary to protect the health, safety and welfare of the public?" There are four generally accepted criteria which indicate that state licensure is warranted: (1) unqualified practice poses a serious risk to a consumer's life, health, safety or economic well-being; (2) such risks are likely to occur; (3) the public cannot adequately judge a practitioner's qualifications; and (4) benefits to the public clearly outweigh potential harmful effects of licensure. Failure to meet these criteria, in general, means that licensure is not justified, although in some instances another form of state regulation such as registration or certification may be warranted.

Legislators can often be convinced that there is some danger to the public's health and safety under unregulated practice of a health occupation. The dilemma crystallizes because there are recognized negative impacts resulting from licensure; e.g., licensure can restrict the number of people entering a profession which likely raises the cost of the service to consumers.

For most professions, licensing requirements vary from state to state, and the mobility of practitioners can be hampered as a result of lack of uniform reciprocity agreements between states. Scope-of-practice statutes for established professions may unnecessarily restrict services that auxiliary occupations may provide and cause auxiliaries to be under-utilized.

1.4. State Sunset and Sunrise Processes

During the 1970s, states' general interest in regulatory reform gave birth to sunset laws. First passed by Colorado in 1976 and later passed by 38 states, sunset's unique feature was an automatic termination provision for boards and agencies unless the legislature took positive measures to reenact them. Without exception, state sunset laws included occupational and professional licensing boards in their review cycles.

Many people believed sunset would lead to the wholesale deregulation of the professions but this did not occur. Only a few occupations and professional licensing boards have been terminated under sunset, and in almost every case, state regulation has been reinstated within a few years.

While administrative and structural reforms were more common outcomes of sunset performance reviews, sunset laws themselves have come under scrutiny by state legislatures as unnecessary or ineffective. Mississippi, Nebraska and North Carolina repealed their sunset laws. Other states, such as Illinois and Kansas, have essentially inactivated the sunset reviews while leaving the laws on the books. Still other states, e.g., Connecticut and New Hampshire, have completed the initial sunset reviews of occupational and professional licensing boards and will not resume another cycle of reviews until the late 1980s. For complete information on sunset programs and reviews of licensing boards in the states, see Appendix A.

Finding that sunset laws did nothing to stem the constant flow of new requests for state regulation of health occupations, legislators have turned with interest to a related program -- the sunrise process. Under sunrise programs, a legislative or legislatively-enacted body reviews requests for licensure or certification from representatives of unregulated health occupations. Generally the process includes a series of cost/benefits and other questions designed to solicit information from the requesting occupations that state regulation is needed and appropriate. Nine states have implemented sunrise programs since 1979. For detailed information on each state's program, see State Sunrise Programs: Deciding When to Regulate Health Occupations. For information on which occupations have requested regulation in which states with sunrise processes, as well as the state's recommendation for each occupation, see Appendix B.

1.5. Federal Efforts in Health Credentialing

During the 1970s, both the state and federal governments gave increased attention to health professions credentialing. At the federal level, the U.S. Department of Health, Education and Welfare sponsored a series of task forces and studies on health occupational credentialing. A 1971 Report on Licensure and Related Health Personnel Credentialing looked at the impact of state credentialing on the health care system and recommended increased emphasis on high-quality, private-agency credentialing. The report also recommended a "two-year moratorium on the enactment of legislation that would establish new categories of health personnel with statutorily-defined scopes of functions." Two years later, a second report entitled Developments in Health Manpower Licensure further chronicled what states were doing regarding health occupational credentialing since the 1971 report was issued, and extended the moratorium for one year.

A 1977 report, A Proposal for Credentialing Health Manpower, made several substantive recommendations to the licensing community. One important recommendation was that a national certification commission be established to develop, evaluate and oversee national standards for private certifying agencies in health occupations. Following this recommendation, in 1977 the National Commission for Health Certifying Agencies was formed and was given the task to develop standards of excellence in the private credentialing of health care personnel. Its members include voluntary certifying agencies that issue credentials attesting to the competence of individual health professionals in their field.

In the 1980s, the U.S. Department of Health and Human Services, through the Health Resources and Services Administration, provided several types of support for credentialing of health occupations and professions. Task analyses and role delineations were funded to assist with the development of a national examination. Also, a major project was funded to document and support the "State of the Art in Continuing Competency Assessment" for privately certified and state regulated health occupations and professions.

Finally, the Health Professions Licensure Information System was created by the Bureau of Health Professions and The Council of State Governments to collect and have available the state practice acts and administrative regulations of the health occupations and professions, to provide a yearly overview of state legislative and judicial activity concerning health professions, and to provide in-depth information on the state regulation of selected health occupations and professions.

1.6. Type of State Credentialing

State regulation of health occupations and professions takes three forms: licensure, certification and registration. The three types of state credentialing provide different levels of restrictions on entry into the occupation or profession, with licensure being the most restrictive form of state credentialing and registration the least restrictive. Specifically, **licensure** restricts the scope-of-practice so that it is illegal for a non-licensed person to perform the covered services. Through licensure laws, states usually specify the minimum educational and training requirements needed by applicants, administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent or fraudulent practitioners.

Certification generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements of predetermined competence and standards. However, in many instances states adopt "statutory certification," which limits use of particular titles to persons meeting predetermined requirements, but persons not certified can practice the occupation or profession. For the purpose of this report, "certification" is "statutory certification."

Registration is the least restrictive form of state regulation. It can be as simple as requiring a person to provide his name, address and training to a state agency, or registration can require individuals to first meet minimum practice standards before registering and using the title of registered practitioner. As with certification, unregistered persons can practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal.

1.7. Major Issues

State policymakers continue to grapple with most of the same regulatory issues which were on the policy agenda in the early 1970s, although some issues, such as adding consumer representation to licensure boards, have had new solutions proposed and enacted. But with growing concern over burgeoning health care costs and incompetent practitioners, the issues are in the limelight again in the 1980s.

1.7.a. Incompetent Practitioner

At the state and federal level, incompetent practitioners--how to find them and how to deal with them--has emerged as a number one priority for state legislators and regulators. Legislatures are providing increased funding for state enforcement functions.

Practice acts are being amended to expand the disciplinary options available to regulators beyond suspension and revocation. The most frequent additional sanctions include administrative fines, reprimand and probation.

State licensing boards are increasingly developing policies on dealing with practitioners who abuse drugs or alcohol, referring abusers to treatment programs for rehabilitation when possible, and tracking practitioners' successes and failures after treatment.

In May 1984, Senator John Heinz introduced the Medicare and Medicaid Patient and Program Protection Act in the Senate which would give the U.S. Department of Health and Human Services greater powers to exclude fraudulent and incompetent health practitioners from Medicare and Medicaid. This bill would require state licensing boards to report to the Department all disciplinary actions taken to assist in identifying incompetent practitioners. As of January 1986, a House bill was passed and a similar bill is under consideration by the Senate and is expected to pass.

1.7.b. Continuing Competence

There is a growing recognition that the state government regulatory system that attempts to ensure beginning practitioners' competence should also attempt to ensure that practitioners continue to practice at acceptable levels. Since 1971 when the New Mexico Board of Medical Examiners first adopted mandatory continuing education (MCE) requirements for license renewal, professions have passed MCE to promote continuing competence.

Over a decade later, however, there are serious questions as to whether MCE achieves its desired goal. Concerns include the high cost of MCE to practitioners which is passed on to consumers, the unproven relationship between course work taken and practitioner performance, and the uneven substance of course work offered for MCE. A 1983 study of continuing education requirements by the California Department of Consumer Affairs reported that: (1) most licensing board staff found little or no benefit to the public or the licensees from MCE; and (2) licensees in the department spend approximately $240,000 annually (excluding lost income) to meet the MCE requirements.

A 1985 study by the Wisconsin Department of Regulation and Licensing entitled, Departmental Report on a Study Concerning Legislatively Mandated Continuing Education Requirements for Licensed Professionals, also recommended that mandatory continuing education be repealed for all boards with the exception of the Chiropractic Examining Board. During the 1986 legislative session, Wisconsin repealed the MCE requirements for real estate brokers and salespersons.

States are beginning to examine other methods to assess and ensure continuing individual competency. To assist states in this effort, private certifying agencies have devoted more resources and attention to developing methods that assess and ensure continuing competency. The National Commission for Health Certifying Agencies will publish a report in 1987 on The State of the Art in Continuing Competency Assessment.

The National Commission report discusses a variety of methods, including self-assessment tests, periodic re-examination, chart audits, peer review, and computerized simulations which are currently being used by private certifying agencies to promote continuing competency among their credentialed membership. States will likely adopt these privately developed methods or spend considerable financial resources to develop their own methods in the future to go beyond MCE in assuring continuing competency.

Strengthened disciplinary and enforcement procedures may, however, be more effective than continuing education in protecting the public from incompetent or fraudulent practitioners. Under this approach, state governments' efforts are directed at the small percentage of practitioners who practice below minimum levels rather than toward the large majority of competent practitioners. For example, a 1983 review of Michigan's law to develop continuing competency programs for all licensed professionals found the state had not progressed far toward this goal. Instead, the report recommended that the limited funds available for continuing competency assessment be directed toward improving the enforcement program.

1.7.c. Fraudulent Degrees

In 1984, investigative reporting series in leading national newspapers drew attention to state licensing responsibilities. The New York Times, for instance, gave extensive coverage to the cases involving individuals who purchased phony medical degrees from Caribbean medical schools.

1.7.d. Composition of Licensing Boards

States continue to add consumer members on licensing boards to articulate the general public's interest in regulatory decision-making.

States increased the size of boards in several states in 1985 by adding consumer members or by adding representatives of allied health occupations regulated by the board.

1.8. Structure of the Report

This report is structured so that some chapters contain information on many of the health occupations and professions regulated by the states while other chapters contain in-depth information on one health occupation or profession.

Specifically, Chapter II contains a table that lists by professions which states regulate that profession and what type of regulation (i.e. licensure, certification or registration) is in place. Chapter III contains a brief summary of the provisions of laws enacted by state legislatures in 1986 (before April 1) related to health professions. Chapter IV lists the names and brief summaries of the major state court decisions pertaining to health professions. Chapters III and IV are important to this report as professional licensing is an area of state responsibility that for nearly a decade has undergone a period of change and growth along with increased public awareness. Newly enacted laws and court decisions can have significant effect on future licensing decisions by state policy and law makers.

Chapters V through XII each contain brief narratives and in-depth tabular summaries of state structures and policies concerning the state regulation of dentists, dental assistants, dental hygienists, denturists, physicians, physician assistants, osteopathic doctors, and respiratory therapists.

Each of the eight health occupations and professions reviewed in depth in this report are covered by nine tables. The tables are: Table 1--Type of State Regulation; Table 2--Organizational Pattern of State Regulatory Boards; Table 3--Functions of Licensing Boards and Agencies; Table 4--Enforcement Functions of Licensing Boards and Agencies; Table 5--Examination of Applicants; Table 6--Initial Requirements for Licensure; Table 7--Schedule of Fees; Table 8--Reciprocity and Endorsement; and Table 9--Continuing Education Requirements.

Citations are listed for Table 1 of each chapter indicating the specific state statutes and regulations pertaining to the health profession.

Each table has footnotes to explain particular cases. However, terminology common to each table for all professions is defined below.

Table 1 - Type of State Regulation

Licensure	This is the most restrictive of the three methods of regulation. Licensure restricts the scope-of-practice so that it is illegal for a non-licensed person to perform the covered services. Through licensure laws, states specify the minimum educational and training requirements needed by

	applicants, administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent practitioners. In this survey, "licensure" means that it is illegal for a person to practice the profession without first meeting the standards imposed on the profession by the state and its regulating agency.
Certification	This generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements of predetermined competence and standards. Those without the title may perform the services of the profession, but only those certified may use the title.
Registration	Can be as simple as requiring a person to provide his name, address and training to a state agency. In some cases, registration requires individuals to first meet minimum practice standards before registering and using the title of registered practitioner. Unregistered persons can practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal. This form of regulation is appropriate when the threat to public health, safety and welfare is small.

Table 3 - Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of occupational therapists, the board has the power to approve educational programs, but has chosen to approve programs accredited by the American Medical Association and/or the American Occupational Therapy Association. The board still has the power to approve programs that are not recognized by the national accrediting agency.

Regional refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges. The six are the New England Association of Colleges and Schools, the Middle States Association of Colleges and Schools, the North Central Association of Colleges and Schools, the North Western Association of Colleges and Schools, the Southern Association of Colleges and Schools, and the Western Association of Colleges and Schools.

Table 4 - Enforcement Functions

Suspend	The professional is not permitted to practice for a period of time.
Revoke	Involves the involuntary termination of the professional's license.
Restrict License	A reduction in the scope-of-practice.

Censure	Similar to a reprimand. The agency makes an official statement of displeasure concerning the individual.
Reprimand	The administrative agency reproves the professional. There may be public or private reprimands.
Probation	The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.
Fine	A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Table 8 - Reciprocity and Endorsement

Endorsement	As used in this survey, endorsement is a waiver of the license examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the table dealing with reciprocity and endorsement.
Reciprocity	The professional may practice in a state other than in the one in which he/she obtained the initial license only if the state which issued the original license allows the professionals licensed in the entering state to practice their profession within the original state. There are conditions which accompany reciprocity in many of the states.

Appendix A summarizes state sunset reviews of health professions in 1985-86, while Appendix B lists state sunrise agendas by profession and recommendation. Appendix C lists national organizations, including national board associations and national professional associations for further information on particular health occupations and professions.

CHAPTER II

STATE LAWS REGULATING HEALTH OCCUPATIONS AND PROFESSIONS

TABLE II

State Regulation of Health Occupations and Professions	Acupuncturist	Audiologist/ Speech Path.	Chiropractors	Counselor Pastoral Family & Marr.	Dentist	Denturist	Dietitian	EMT	Hearing Aid Dealer/Fitter	LPN	RN	Radiation Therapy Technologist
ALABAMA		L	L	L**	L		C	L	L	L	L	
ALASKA	L		L		L			L		L	L	
ARIZONA	C		L		L	C		L	L	L	L	L
ARKANSAS		L	L	L**	L			L	L	L	L	
CALIFORNIA	L	L	L	L	L		C	L	L	L	L	L
COLORADO			L		L			L	L	L	L	
CONNECTICUT		L	L	L	L			L	L	L	L	
DELAWARE		L	L		L			L	L	L	L	
FLORIDA	L	L	L	L	L			L	L	L	L	L
GEORGIA	B.A	L	L	L	L		L	L	L	L	L	
HAWAII	L	L	L		L			L	L	L	L	L
IDAHO			L		L	L		L	L	L	L	
ILLINOIS			L		L			L	L	L	L	L
INDIANA		L	L		L			L	L	L	L	
IOWA		L	L		L		L	L	L	L	L	
KANSAS			L		L			L	L	L	L	
KENTUCKY		L	L		L			L	L	L	L	
LOUISIANA	C	L	L		L		C	L	L	L	L	
MAINE		L	L		L	L	R	L	L	L	L	L
MARYLAND	R	L	L		L		L	L	L	L	L	
MASSACHUSETTS		L	L		L			L		L	L	
MICHIGAN			L	L	L			L	L	L	L	
MINNESOTA			L		L			L	L	L	L	
MISSISSIPPI		L	L		L		L	L	L	L	L	
MISSOURI		L	L		L			L	L	L	L	
MONTANA	L	L	L		L	L	C	L	L	L	L	
NEBRASKA		L	L		L			L	L	L	L	
NEVADA	L	L	L	L	L			L	L	L	L	
NEW HAMPSHIRE			L		L			L	L	L	L	
NEW JERSEY	L	L	L	L	L			L	L	L	L	L
NEW MEXICO	L	L	L		L			L	L	L	L	
NEW YORK	L	L	L		L			L	R	L	L	L
NORTH CAROLINA		L	L	L	L			L	L	L	L	
NORTH DAKOTA		L	L		L		V.L.	L	L	L	L	
OHIO		L	L		L			L	L	L	L	
OKLAHOMA		L	L		L		L	L	L	L	L	
OREGON	L	L	L		L	C		L	L	L	L	L
PENNSYLVANIA		L	L		L			L	L	L	L	
RHODE ISLAND	L	L	L		L			L	L	L	L	
SOUTH CAROLINA	B.A.	L	L	L	L			L	L	L	L	
SOUTH DAKOTA	R		L		L			L	L	L	L	
TENNESSEE		L	L	L	L			L	L	L	L	
TEXAS		L	L		L		L	L	L	L	L	
UTAH	L	L	L	L	L		C	L		L	L	
VERMONT			L		L			L	L	L	L	L
VIRGINIA	L	L	L	L**	L			L	L	L	L	
WASHINGTON	L		L		L			L	L	L	L	
WEST VIRGINIA	R		L		L			L	L	L	L	
WISCONSIN			L		L			L	L	L	L	
WYOMING		L	L		L			L	L	L	L	L
DC			L		L		L	L	R	L	L	
Puerto Rico			L		L		L			L	L	L

Source: HPLIS/Council of State Governments, December 31, 1985

Key: B.A.=Board approval submitted by physician
C=Certification/L=Licensure/R=Registration/VC=Voluntary certification
* = Enabling legislation
** = Licensed under the title of Professional Counselor
+ = Licensed in New York City but not in New York State

TABLE II

	Dental Hygienist	Dental Assistant	Nurse Midwife	Nurse Practitioner	Med. Lab Tech./ Technician	Nuclear Med. Technologist	Nursing Home Administrator	Occupational Therapy	Physical Therapy	Optician	Optometrist	Pharmacy Assistant
ALABAMA	L		C	C			L		L		L	
ALASKA	L		C	C			L		L	L	L	
ARIZONA	L		C	C			L		L	L	L	
ARKANSAS	L		C	C			L	L	L	L	L	
CALIFORNIA	L	L	C	C	L		L	C	L	L	L	
COLORADO	L		C	C			L		L		L	
CONNECTICUT	L		C				L	L	L	L	L	
DELAWARE	L		C	C		*	L	L	L		L	
FLORIDA	L		C	C	L	L	L	L	L	L	L	
GEORGIA	L		C	C	L		L	L	L	L	L	
HAWAII	L		C				L	C	L	L	L	
IDAHO	L		C	C			L		L		L	
ILLINOIS	L		C			L	L	L	L		L	
INDIANA	L		C	*			L		L		L	
IOWA	L		C	C			L	L	L	C	L	
KANSAS	L		C	C			L	R	R		L	
KENTUCKY	L		C	C		*	L	L	L	L	L	
LOUISIANA	L		C	C			L	L	L		L	
MAINE	L		C	C		L	L	L	L		L	
MARYLAND	L		C	C			L	L	L		L	
MASSACHUSETTS	L		C	C			L	L	L	L	L	
MICHIGAN	L	L	C	C			L		L		L	
MINNESOTA	L		C			*	L		R		L	
MISSISSIPPI	L		C	C			L		L		L	
MISSOURI	L		C				L		L		L	
MONTANA	L		C	C			L	L	L		L	
NEBRASKA	L		C	C			L	L	L		L	
NEVADA	L		C	C			L		L	L	L	
NEW HAMPSHIRE	L		C	C			L	L	L		L	
NEW JERSEY	L		C	C		L	L		L	L	L	
NEW MEXICO	L		C	C		*	L	L	L		L	
NEW YORK	L		C		+		L	L	L	L	L	
NORTH CAROLINA	L		C	C			L	L	L	L	L	
NORTH DAKOTA	L		C	C			L	L	L		L	
OHIO	L		C				L	L	L	L	L	
OKLAHOMA	L		C	C			L	L	L		L	
OREGON	L		C	C			L	L	L		L	
PENNSYLVANIA	L		C	C			L	L	L		L	
RHODE ISLAND	L		C				L	L	L	L	L	
SOUTH CAROLINA	L		C	C			L	L	L	L	L	
SOUTH DAKOTA	L		C	C			L		L		L	
TENNESSEE	L		C	C	L	*	L	L	L	L	L	
TEXAS	L		C	C			L	L	L		L	
UTAH	L		C	C			L	L	L		L	
VERMONT	L	L	C	C		L	L		L	L	L	
VIRGINIA	L		C	C			L		L	L	L	
WASHINGTON	L		C	C			L	L	L	L	L	L
WEST VIRGINIA	L		C				L	L	L		L	
WISCONSIN	C		C				L		L		L	
WYOMING	L		C	C		L	L		L		L	
DC	L		C	C			L	L	L		L	
Puerto Rico	L	L	C			L	L	L	L	L	L	

Source: HPLIS/Council of State Governments, December 31, 1985

Key: B.A. = Board approval submitted by physician
C = Certification / L = Licensure / R = Registration
VC = Voluntary certification
* = Enabling legislation
** = Licensed under the title of Professional Counselor
+ = Licensed in New York City but not in New York State

TABLE II

	Pharmacist	Physician (D.O., M.D.)	Physician Assistant	Podiatrist	Psychologist	Radiologic Technol./Tech.	Respiratory Therapist	Sanitarian	Social Worker	Veterinarian	Veterinarian Assistant
ALABAMA	L	L	C	L	L				L	L	L
ALASKA	L	L	R	L	L					L	L
ARIZONA	L	L	C	L	C	L		R		L	L
ARKANSAS	L	L	C	L	L		L	R	L	L	L
CALIFORNIA	L	L	C	L	L	L	C	R	L	L	L
COLORADO	L	L	C	L	L				L/L/R	L	L
CONNECTICUT	L	L	C	L	L			R	L	L	L
DELAWARE	L	L		L	L	*			L	L	
FLORIDA	L	L	C	L	L	L	L	R	L	L	L
GEORGIA	L	L	C	L	L		C	R	L	L	L
HAWAII	L	L	C	L	L	L		R		L	
IDAHO	L	L	R	L	L			R	L	L	
ILLINOIS	L	L	C	L	C	L			R	L	L
INDIANA	L	L	R	L	C	L		R		L	L
IOWA	L	L	C	L	L	*	C		L	L	L
KANSAS	L	L	R	L	C		L	R	L	L	L
KENTUCKY	L	L	R	L	L	L		R	L	L	L
LOUISIANA	L	L	C	L	L		L	R	L	L	
MAINE	L	L	C	L	L	L**	L		R	L	L
MARYLAND	L	L	R	L	L		L	R	L	L	L
MASSACHUSETTS	L	L	C	L	L	L		R	L	L	
MICHIGAN	L	L	L	L	L	*		R	R	L	L
MINNESOTA	L	L	R	L	L	*		R		L	L
MISSISSIPPI	L	L		L	L			R		L	L
MISSOURI	L	L		L	L			R		L	L
MONTANA	L	L	L	L	L	L		R	L	L	
NEBRASKA	L	L	C	L	L		L	R	L	L	L
NEVADA	L	L	C	L	L			R		L	L
NEW HAMPSHIRE	L	L	C	L	C				C	L	
NEW JERSEY	L	L		L	L	L				L	L
NEW MEXICO	L	L	C	L	C	*	L			L	L
NEW YORK	L	L	R	L	L	L		R	L	L	L
NORTH CAROLINA	L	L	R	L	L			R	C	L	L
NORTH DAKOTA	L	L	R	L	L		L		L	L	L
OHIO	L	L	R	L	L			R	L/R	L	L
OKLAHOMA	L	L	C	L	L			R	L	L	L
OREGON	L	L	R	L	L	L		R	R	L	L
PENNSYLVANIA	L	L	C	L	L					L	L
RHODE ISLAND	L	L	R	L	C			R	R	L	
SOUTH CAROLINA	L	L	C	L	L			R	R	L	L
SOUTH DAKOTA	L	L	C	L	L				L	L	L
TENNESSEE	L	L	C	L	L	C	L	R	L	L	L
TEXAS	L	L	C	L	L		C	R	L/C	L	L
UTAH	L	L	R	L	L			R	L	L	
VERMONT	L	L	C	L	L	L			L	L	
VIRGINIA	L	L	C	L	L		C		L	L	L
WASHINGTON	L	L	R	L	L					L	L
WEST VIRGINIA	L	L	C	L	L	L		R	L	L	L
WISCONSIN	L	L	C	L	L			R		L	L
WYOMING	L	L	C	L	L	L				L	L
DC	L	L	R	L	L				L	L	
Puerto Rico	L	L		L	L	L			L	L	L

Source: HPLIS/Council of State Governments, December 31, 1985

Key: B.A.=Board approval submitted by physician
C=Certification/L=Licensure/R=Registration/VC=Voluntary certification
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CHAPTER III

STATE LAWS PERTAINING TO HEALTH PROFESSIONS REGULATION ENACTED IN 1985-86

STATE LAWS PERTAINING TO HEALTH PROFESSIONS CREDENTIALING ENACTED IN 1985 & 1986

STATE	LAW NUMBER	SUMMARY
Arizona	House 2039	Permits a person who took the "federation licensing exam" (Federation of State Medical Boards exam = FLEX) on certain dates and made a certain grade to be licensed to practice **medicine** without passing the regular exam.
	House 2065	Makes provisions governing the Board of **Homeopathic Medical Examiners**. Requires insurers to report malpractice claims against homeopaths as they currently do for medical doctors and others. Makes related provisions.
	House 2195	Expands the statutory definition of "employment agent" to include vocational guidance or **counseling** services.
	House 2238	Requires that **veterinary** licensing examination papers be retained on a schedule set by the State Department of Library, Archives and Public Records. Allows the state examining board to revoke or suspend a license with consent of a majority of board members.
	House 2271	Extends the sunset provisions for the State **Livestock Board** and State **Veterinarian** for ten years. Expands their authority, including the power to appoint hearing officers and adopt self-inspection programs.
	House 1069	Gives the State Board of **Psychologist Examiners** the authority to hire hearing officers to preside at administrative hearings and consultants to advise the board in its duties.
	House 1070	Expands authority of the state Board of **Medical Examiners** to discipline doctors for improper conduct to allow limiting a practice and fining up to $10,000 per violation.

STATE	LAW NUMBER	SUMMARY
Colorado	House 1022	Allows the Board of **Hearing Aid Dealers** to terminate. Repeals the article relating to the powers and duties of the Board. Makes it a deceptive trade practice under the "Colorado Consumer Protection Act: for a hearing aid dealer to engage in certain practices with respect to dispensing, fitting, or dealing in hearing aids. Requires a hearing aid dealer to allow a recession period after the sale of a hearing aid.
	House 1032	Provides for certification of child health associates as **physician assistants**.
	House 1169	Establishes review committees to review and evaluate the practice of **physicians**.
	House 1199	Grants immunity to **physicians** or **optometrists** who provide medical opinions to the Department of Revenue regarding the issuance, renewal, suspension, revocation, or cancellation of driver's licenses.
	Senate 42	Authorizes **dentists** to establish trusts for the purpose of insuring against workmen's compensation claims and against general public liability claims based upon acts or omissions, including claims based upon malpractice.
Connecticut	House 5218	Ensures that the rights of a purchaser of a hearing aid are protected by requiring that **hearing aid dealers** include the date of delivery on sale receipts and that they retain records for three years from the date of delivery and not the date of sale.
Georgia	House 156	Changes the scope of practice of **chiropractic**.
	House 962	Changes the conditions under which medical information shall be released by **physicians**.
	House 1159	Provides that **practitioners of the healing arts** who dispense drugs shall comply with all record-keeping and labeling requirements imposed upon **pharmacists** and **pharmacies**.

STATE	LAW NUMBER	SUMMARY
Georgia	House 1175	Provides for the continuation of the State Board of **Physical Therapy**; but provides for the later termination of that board and the repeal of the laws relating thereto.
	House 1176	Provides for the continuation of the State Board of **Examiners of Psychologists**; but provides for the later termination of that board and the repeal of the laws relating thereto.
	House 1526	Relating to **emergency medical services**, that first responders may be licensed without satisfying certain insurance requirements where the first responder is a municipality or county has not elected to waive its governmental immunity by purchasing vehicle liability insurance.
	House 1549	Extends immunity from liability for criminal records. Checks of **personal care home personnel** to county boards of health.
	House 1687	Provides for the licensing of level II **dental hygienists**; provides for educational requirements; provides for the supervision of dental hygienists and level II dental hygienists by licensed dentists; and for other purposes.
	House 1986	Relates to privileged communication in general, so as to provide a privilege for information concerning **veterinary** care; provides that records of veterinary care shall not be open to public inspection; and for other purposes.
	Senate 32	Provides for the certification and regulation of certain individuals engaged in **respiratory care**.
	Senate 267	Requires **pharmacists** to obtain continuing pharmaceutical education as a condition for renewing their pharmacist license; provides for approved correspondence courses and exemptions.
	Senate 302	Authorizes the Georgia Board of **Chiropractic** examiners to promulgate rules and regulations with respect to certain education requirements.

STATE	LAW NUMBER	SUMMARY
Hawaii	House 2053	Makes provisions governing **hearing aid dealers and fitters**. Makes remedies and penalties cumulative. Requires licensure of persons engaged in the sale or practice of dealing and fitting hearing aids. Makes provisions governing authorized board concerning: appointments, qualifications, terms, disciplinary powers, board proceedings, and hearing procedures.
	House 2113	Makes provisions governing the revocation of **dental** licenses for the filing of false information.
	House 2115	Authorizes the Board of **Nursing** to deny, revoke, limit, or suspend licenses for various specified causes.
	Senate 2063	Requires that applicants for licensing whose applications are based on graduation from a foreign university shall provide such information to establish that their formal education is equivalent to a doctoral degree in **psychology** granted by a regionally accredited U.S. university. Makes related provisions.
Idaho	House 471	Requires hospital medical staffs to report to the Idaho State Board of **Medicine** all disciplinary action against physicians including the monitoring of a physician's activities. Exclusion from the reporting requirement of disciplinary actions based on medical record requirements.
	House 597	Makes numerous provisions regarding **optometrists,** including references to: fees, the Board of Examiners, compensation, and related issues.
	House 598	Provides for immunity from liability and confidentiality of records for peer review committees created by the State Board of **Dentistry** and the Idaho State Dental Association.
	House 759	Increases the **emergency medical services** fee. Appropriates moneys to the Department of Health and Welfare for the Emergency Medical Services Program for fiscal year 1987.

STATE	LAW NUMBER	SUMMARY
Idaho	Senate 1218	Defines **dental specialist**. Provides for change in terminology. Provides for inclusion of a dental specialty. Provides for application for examination as a dental specialist and provides a fee for specialists. Provides for certificates of qualification. Provides for certain annual license fees.
	Senate 1428	Provides that the court may order the defendant to make certain payments to governmental entities before making **restitution to victims**. Provides that the definition of victim include unreimbursed health care providers. Prohibits the court from ordering more restitution than authorized. Provides a date from which restitution shall be due and allows the accrual of interest from the date of loss or injury. Authorizes payment to the court for distribution to the victims, mentions writs, and related issues.
Indiana	House 1131	Establishes a system for the licensing of **hospice program providers**.
	House 1153	Limits the scope of medical care that an **emergency medical technician** may provide.
	House 1314	Permits **physical therapists** to practice physical therapy upon the order or referral of a **podiatrist**.
	Senate 209	Changes the name of the state examining committee for **physical therapists** and **physical therapists assistants** to the Indiana Physical Therapy Committee and expands its numbers, powers and duties.
Kansas	House 2498	Provides for licensure of **occupational therapists** and **occupational therapy assistants** by the State Board of Healing Arts; establishes an occupational therapist council; declares certain acts to be unlawful; provides penalties for violations; and repeals the existing section.
	House 2533	Provides for licensure of **respiratory therapists** by the State Board of Healing Arts. Establishes a respiratory therapist council; declares certains acts to be unlawful; provides penalties for violation; and repeals the existing section.

STATE	LAW NUMBER	SUMMARY
Kansas	House 2663	Relates to the Kansas act on credentialing; concerning the procedure of credentialing of **health care personnel**.
	House 2725	Concerns certain township fire departments, relates to **rescue service** and **emergency care**.
	House 2729	Concerns the **pharmacy** act of the state of Kansas, relates to unprofessional conduct.
	House 2730	Concerns the licensing of **social workers**.
	House 2731	Authorizes the establishment of specialties within the practice of psychology and provides for endorsement of **psychologists** in such specialties.
	House 3015	Concerns **pharmacists**.
	House 3082	Concerns the board of **nursing**.
	House 3096	Provides for the licensing of **psychologists**.
	Senate 542	Concerns **emergency medical services**, relates to the demonstration program in manual cardiac defibrillation.
	Senate 737	Authorizes the board of **nursing** to fix, charge and collect fees for institutes, conferences and other educational programs offered by the board, creates the education conference fund.
Kentucky	House 224	Requires all licensed health facilities and services, and all **practitioners** of the **healing arts** to provide paying clients with an itemized statement of charges incurred during the patient's hospital stay.
	House 404	Requires a **hearing loss reporting** certificate to be filed with each birth certificate. Develops programs to identify infants who are at risk of having hearing impairments and requires follow-up programs to provide medical and educational services.

STATE	LAW NUMBER	SUMMARY
Kentucky	House 500	Expands the Board of **Medical Licensure** from seven to eleven; provides for optional liability insurance for employees of the board.
	House 606	Expands the practice of **speech-language pathology**; prohibits practice by unlicensed individuals; defines **audiologist and audiology** practice and limits such to licensed individuals.
	House 670	Permits fire protection districts or volunteer fire department districts to operate an **emergency ambulance service** under specified circumstances.
	House 888	Requires any policy of health insurance that provides for reimbursement for any service which is within the lawful scope of practice of a **chiropractor** to reimburse the insured for such services whether the services are performed by a **physician, osteopath** or **chiropractor.**
	Senate 104	Changes the definition of "practice of **optometry:** to include the use of pharmaceutical agents not limited to diagnostic pharmaceutical agents; deletes permission for optometrists to purchase pharmaceuticals for use.
	Senate 212	Authorizes the board of **podiatry** to elect one of its members as secretary; allows probation or imposition of a fine not to exceed $500 for each podiatry offense.
	Senate 291	Requires biennial renewal of inactive licensure status for **registered nurses** and **practical nurses;** requires a licensee to sign his license, retain it in his possession and exhibit it upon demand as specified.
	Senate 310	Limits the civil liability of a **psychotherapist** for the violent acts of mental patients being treated by him; makes privileged any communication between a psychotherapist and his client.

STATE	LAW NUMBER	SUMMARY
Maine	Law 2061	(S 816) Updates "The Law Regulating the Practice of **nursing**: to reflect contemporary nursing practice. Incorporates a broad definition of nursing to reflect current changes in health care. Also includes changes in future educational requirements for nurses to assure that future nurses have the breadth and depth of educational preparation that justify entrusting overall responsibility for nursing services to the judgment of the registered nurse.
	Law 2356	(H 1671) (H 1576) Strengthens the organization of **emergency medical services**.
Massachusetts	House 1431	Relates to the Board of Registration for **Speech-Language Pathology and Audiology**.
Michigan	House 4317	Changes definition of **emergency services** license and licensee references under public health code from part 203 to part 207.
Minnesota	Senate 1619	Creates a civil cause of action for sexual exploitation of patients by **psychotherapists**. Defines a psychotherapist as a physician, psychologist, nurse, chemical dependency counselor, social worker, member of the clergy or other person who performs psychotherapy. Defines psychotherapy, sexual contact. Allows punitive damages, including creating employer liability. Sets a seven-year statute of limitations and makes other provisions.
	Senate 1919	Relates to the **patient's Bill of Rights**. Defines a patient; requires every acute care in-patient facility, non-acute care facility and every facility employing more than two people that provides out-patient mental health services have a written internal grievance procedure.
Mississippi	House 779	Provides for the licensure and regulation of dietitians and **nutritionists** by the Mississippi State Department of Health; creates and empowers a Mississippi council of advisors in dietetics and nutrition.

STATE	LAW NUMBER	SUMMARY
Mississippi	House 1219	An Act making an appropriation from special funds in the state treasury for the purpose of defraying the expenses of the State Board of **Medical Licensure** for the fiscal year 1987.
	House 1221	An Act making an appropriation from special funds in the state treasury for the purpose of defraying the expenses of the Mississippi Board of **Nursing** for the fiscal year 1987.
	House 1227	Makes an appropriation from special funds in the State Treasury for the purpose of defraying the expenses of the State Board of **Optometry** for the fiscal year 1987.
	House 1230	Makes an appropriation from special funds in the State Treasury for the purpose of defraying the expenses of the Mississippi **Physical Therapy** Board for the fiscal year 1987.
	House 1234	Approves the expenditure of special funds for the purpose of defraying the expenses of the Mississippi State Board of **Psychological Examiners** for the fiscal year 1987.
	Senate 2866	An Act making an appropriation to the Mississippi State Board of **Chiropractic Examiners** for fiscal year 1987.
North Carolina	House 1131	Rewrites the **Physical Therapy** Practice Act. (Ratified)
Nebraska	Law 131	Changes provisions relating to the use of **topical ocular pharmaceutical agents**; changes provisions on certain license renewals; eliminates a definition and repeals the original sections.
	Law 267	Provides for the registration of **dental assistants** as prescribed; defines terms; provides for an additional appointment to the Board of Examiners in Dentistry. Harmonizes provisions, provides penalties and repeals the original sections.
	Law 277	Relates to health care; adopts the **Respiratory Care** Act.
	Law 438	Adopts the **Dental Anesthesia** Act.

STATE	LAW NUMBER	SUMMARY
Nebraska	Law 579	Adopts the **Licensed Professional Counselor** Act; provides for the disposition of certain fees and repeals the original.
	Law 701	Relates to **public health and welfare**; redefines terms; renames a board and changes its membership. Changes provisions relating to hearing aids or instruments and dispensers of such aids or instruments. Eliminates a provision relating to issuing a license without examination; harmonizes provisions; and repeals the original sections.
New Hampshire	House 320	Allows a **registered nurse** to fill out a death certificate, including fetal and sudden death certificates.
New York	Assembly 9779	Establishes an additional demonstration period for treatment by **physicians** who are thought to be suffering from alcoholism, drug abuse or mental illness; reviewed by a physician committee of the state medical society of the state osteopathic society; period to run from April 1, 1986 to March 31, 1989; requires such committees to make reports to the commissioner of health, the division of alcoholism and division of substance abuse services; further extends provisions of Chapter 582/84 until March 31, 1989.
Oklahoma	House 1798	Provides for licensing fees as determined by the State Board of **Osteopathic Examiners** to be sufficient to cover the cost and expense incurred by the board for processing applications.
	Senate 509	Allows members of the Teacher's Retirement System to receive credit for service as certified school **psychologist** or **psychometrist**; directs State Board of Education to recognize psychologist's or psychometrist's years of state agency experience for certification and salary purposes.
	Senate 525	Modifies course work requirements for licensed professional **counselors**.

STATE	LAW NUMBER	SUMMARY
South Carolina	House 2958	Relates to **dentists, dental hygienists,** and **dental technicians**, so as to change the reference to Council on Dental Education of the American Dental Association to the Commission on Dental Accreditation, to also define the practice of dentistry to include anyone who owns or leases an establishment of any kind in which dental services are performed; to permit dental assistants and hygienists to take impressions under supervision of a dentist; to permit dentists to advertise; makes other changes.
Tennessee	House 1916	Provides for non-renewal of licenses by certain retired health professionals; increases certain fees.
	Senate 374	Enacts the "**Respiratory Care** Practitioner Act of 1985."
	Senate 1900	Makes patient and **psychiatrist** communications privileged to same extent as attorney and client relations.
Utah	House 87	Repeals the Division of Occupational and Professional Licensing's continuing education requirements for **physicians**.
	House 180	Limits the authority of the State Board of **Nursing** in establishing educational requirements for nurses to certain specified levels.
	Senate 19	Amends the **medical practice** act, and changes the minimum voting requirement of the physicians licensing board.
	Senate 134	Provides civil penalties for violations of the **Radiation Control Program**.
Virginia	House 252	Relates to Membership of Board of **Psychologists**. Requires that two members be licensed by Board of Medicine as well as licensed as psychologists.
	House 369	Clarifies the Board of **Veterinary Medicine**'s authority to institute disciplinary actions and provides authority for the Board to meet to summarily suspend credentials by telephone conference call in the event a quorum cannot be assembled.

STATE	LAW NUMBER	SUMMARY
Virginia	House 444	Relates to **physician's interest in physical therapy facilities**. Requires disclosure before making referral.
	House 463	Allows the **Board of Medicine** and the **Board of Nursing** to grant provisional certification to **nurse practitioners** pending the outcome of the next National Specialty Examination.
	House 470	Modifies exemption for government employees by requiring that they meet criteria for licensure in **behavioral science professions**; exempts school psychologists.
	House 480	Repeals provisions creating civil and criminal penalties involving **medical referrals** for profit.
	House 495	Allows **dental hygienists** to practice under the "direction" rather than "direct supervision" of dentists.
	House 612	Devises the membership of the Board of **Professional Counselors** to accommodate the abolition of the Substance Abuse Certification Board.
	House 769	Relates to **hearing aid dealers**; removes exemption for physicians.
	Senate 212	Authorizes **laboratory technicians** trained by licensed neuropathologists to recover the brain and provides technical amendments.
	Senate 214	Provides for the issuance of temporary licenses to **interns** and **residents** in hospitals.
	Senate 284	Establishes a system for early identification and monitoring of infants at risk of **hearing impairment** or having **hearing loss**.
	Senate 333	Relates to definitions used in the regulation of **physicians**. Redefines the "practice of **podiatry**."

STATE	LAW NUMBER	SUMMARY
Virginia	Senate 347	Relates to **license revocation, suspension or denial** by Commissioner of Mental Health and Mental Retardation. Conforms procedures for action on licenses to Administrative Process Act.
	House 131	Revises the regulation of **podiatry, chiropractic, dental hygiene, dentistry, dispensing opticians, drugless healing, embalmers** and **funeral directors, midwifery, optometry, ocularists, osteopathy, occupational therapy, physicians** and **physician's assistants, emergency medical technicians, practical nurses, psychology, registered nurses,** and **veterinary.** Establishes the uniform disciplinary act which governs the issuance and denial of licenses and the discipline of licensees for these health-related professions. Revises the definition of particular professions; board duties and disciplinary powers, advertising rules, fee schedule; revises complaint procedures.
	House 1495	Permits **health care assistants** to perform in certain functions. Authorizes specific activities under professional supervision.
	House 1776	Requires the Secretary of the Department of Social and Health Services, in conjunction with the State **Emergency Medical Services** Committee, to evaluate, certify, and terminate certification of medical program directors and prescribe minimum standards. Declares an emergency and takes effect immediately.
	House 1950	Revises provisions on **medical practice**. Provides that the assistant Attorney General assigned to the Washington State Medical Disciplinary Board, shall be subject to the continuing approval of the Board. Requires a licensed health-care professional to report to the Board when he or she has personal knowledge that a practicing physician may be unable to practice medicine with reasonable skill and safety to the patient.
	Senate 4529	Revises **registered nurse** privileged communications provisions.

STATE	LAW NUMBER	SUMMARY
Virginia	Senate 4535	Authorizes **licensed health care professionals** to organize a nonprofit nonstock corporation to provide professional services. Integrates nonprofit corporation and professional service corporation provision of the code. Changes provisions regarding the amendment of articles of incorporation.
	Senate 4949	Requires an approved list for inspections by **health care assistants**. Mandates the Director of Licensing to establish minimum requirements for every health care assistant specialty. Requires that a list be maintained of the specific medications, diagnostic agents, and the authorized routes of administration.
Wisconsin	Assembly 256	Authorizes a **physical therapist** to practice without the referral of a physician, dentist or podiatrist.
	Assembly 776	Relates to penalties for sexual exploitation of a client by a **therapist**.
	Senate 285	Revises statutes governing the **pharmacy board**.
Wyoming	House 40	Prohibits the filing of a **medical malpractice** claim in a court until the claim has been reviewed by a medical review panel, provides that the decision of the panel is not binding on the parties and provides for selection of its members. Authorizes the Governor to appoint a panel director, establishes procedures for review of claims, provides definitions and grants rulemaking authority.
	House 68	Amends the definition of "**medical assistance**" of the Medical Assistance and Services Act of 1967, to include payments to licensed dentists for provisions of specified services.
	House 108	Authorizes state payments for **mental health services** in specified instances and provides definitions.
	Senate 2	Exempts allied **dental professionals** who expose radiographs for dental diagnosis from licensure.

STATE	LAW NUMBER	SUMMARY
Wyoming	Senate 14	Continues a qualification exemption for **advanced practitioners of nursing** past July 1, 1985, for those practitioners licensed prior to July 1, 1983.

CHAPTER IV

MAJOR COURT DECISIONS ON HEALTH PROFESSIONS REGULATION IN 1985

MAJOR COURT DECISIONS ON HEALTH PROFESSIONS REGULATION IN 1985

STATE	CITATION	SUMMARY
California	Yellen v. Board of Medical Quality Assurance, 220 Cal. Rptr. 426 (CA App Z Dist. 1985)	Burden of proof in administrative proceedings involving revocation or suspension of professional license is clear and convincing proof of reasonable certainty.
Florida	Lazarus v. Department of Professional Regulation, 461 So. 2d. 1022 (FL App. 3 Dist. 1985)	Order of Medical Boards suspending medical license failed to comply with statutory requirement that it give reasons for increasing penalty recommended by hearing examiner.
	Boedy v. Department of Professional Regulation, 463 So. 2d. 215 (FL 1985)	Right of a properly qualified and licensed individual to practice medicine is not absolute, as it is subject to regulation under the police power of the state.
	Mercy Hospital v. Department of Professional Regulation, 467 So. 2d. 1058 (FL 1985)	Hospital's patient records are confidential and not subject to disclosure without consent when suspended by Department of Professional Regulation in a disciplinary hearing.
Idaho	Manners v. State Board of Veterinary Medicine, 694 P. 2d. 1298 (ID 1985)	Felony conviction which was later dismissed after entry of not guilty plea pursuant to statute allowing such a plea after successful completion of probation, cannot be the basis for revocation of veterinary license.
Indiana	State Ex. Rel Medical Licensing Board v. Brady, 492 N.E. 2d 34 (Ind. App. 1 Dist. 1986)	State has authority, through legislation, to define what constitutes the practice of medicine and this will not be distributed by the judiciary absent constitutional problems.
Louisiana	Harper v. Louisiana State Board of Nursing, 484 So. 2d 857 (LA. App. 1 Cir. 1986)	State Nursing statute which authorizes board to suspend the license of a "nurse who is unfit or incompetent" is not unconstitutionally overbroad or vague.

STATE	CITATION	SUMMARY
Maine	Board of Registration in Medicine v. Fiorica, 488 A.2d 1371 (ME 1985)	A physician's guilty plea of solicitation to commit arson is sufficient for the board to to revoke his license.
	Stone v. Board of Registration in Medicine, 503 A.2d 222 (ME 1986)	Graduate of a Carribean medical school was entitled to a permanent license provided he fulfilled other requirements under the state statute, and medical school in which he graduated was not required to meet guidelines for accreditation.
Massachusetts	Camascio v. Board of Registration, 476 N.E. 2d 569 (MA 1985)	Lack of probable cause by board to investigate podiatrist is not relevant if podiatrist received proper notice and a proper hearing.
Michigan	Sillery v. Board of Medicine, 378 N.W. 2d 570 (MI App. 1985)	State statute allowing board to discipline licensee for negligence was specific enough to give notice of type of conduct which was being proscribed.
Minnesota	Dragnosky v. Minnesota Board of Psychology, 367 N.W. 2d 521 (MN 1985)	Board may use some other agency to verify agency educational standards of schools that its applicants have attended.
	Matter of Schultz, Etc., 375 N.W. 2d 509 (MN App. 1985)	The general burden of proof for administrative hearings is by a preponderance of the evidence unless substantive law provides otherwise.
Mississippi	Rayburn v. State Board of Dental Examiners, 601 F. Supp. 537 (1985)	State law is not unconstitutional through its process of creating a board composed of dentists who are publicly opposed to the practice of denturism because the board's jurisdiction doesn't include denturist.
Missouri	Holmes v. Missouri Dental Board, 703 S.W. 2d 11 (MO App. 1985)	There is no abuse when the Missouri Board of Dentistry revokes a license because the Tennessee Board of Dentistry had previously revoked the license for unprofessional conduct.

STATE	CITATION	SUMMARY
Nebraska	*Morris v. Wright*, 381 N.W. 2d 139 (NE 1986)	Power of the Board to reconsider its decision exists only until licensee institutes judicial review or statutory time for such review has expired.
Nevada	*Potter v. State Board of Medical Examiners*, 705 P. 2d. 132 (NV 1985)	A license is a valuable property right and can only be revoked if a majority of the board votes to do so. A split vote is not enough to revoke a license.
New Jersey	*Valdes v. New Jersey State Board of Medical Examiners*, 501 A.2d 166 (NJ Super. A.D. 1985)	The 14th Amendment does not provide a right to a hearing before issuance or denial of a medical license. Due process is not violated in that individual has a mere expectation in a property interest.
South Carolina	*Toussaint v. State Board of Medical Examiners*, 329 S.E. 2d 433 (SC 1985)	Statute requiring membership in a private medical association as a prerequisite to membership on the board is an unconstitutional delegation of powers to private organizations.
South Dakota	*Zar v. South Dakota Board of Examiners of Psychologists*, 376 N.W. 2d 54 (S.D. 1985)	The board is empowered to determine its own jurisdiction in a hearing to discipline a licensee.
	Nelson v. Palmquist, 363 N.W. 2d 570 (S.D. 1985)	Fact that phony patient was hired by President of Board of Chiropractic Examiners did not preclude a finding that defendant was operating without a license.
Texas	*Texas State Board of Medical Examiners v. Guice*, 704 S.W. 2d (TX App. 13 Dist. 1986)	Defense of entrapment is not applicable to a civil proceeding by the board in determining revocation of license, when boards investigators misrepresent their identity.

CHAPTER V

STATE REGULATION OF DENTISTS

DENTIST

Type of State Regulation

As Table V-1 indicates all 50 states plus Puerto Rico and the District of Columbia regulate dentists through licensure.

Scope of Practice

All jurisdictions follow a similar format in their laws governing scope of practice. The only variance occurs in the use of topical or local anesthetics and the taking and interpreting of X-rays. Although a majority of states allow dentists to administer anesthesia, there are twelve states that require dentists to possess a permit or extra training in order to administer anesthetics. Tennessee stands alone in its prohibition of topical anesthetic use by a dentist. Eleven states make no mention of the permitted use of anesthesia by dentists.

The vast majority of states permit dentists to make X-rays. Pennsylvania prohibits this function, while the laws in some states do not mention the function.

Nebraska dental laws give a scope of practice that is similar to the majority of state laws:

> Any person shall be deemed to be practicing dentistry who:
>
> 1. Performs, or attempts or professes to perform, any dental operation or oral surgery or dental service of any kind, gratuitously or for a salary, fee, money, or other remuneration paid, or to be paid directly or indirectly, to himself or to any other person or agency who is a proprietor of a place where dental operations, oral surgery, or dental services are performed;
>
> 2. Directly or indirectly, by any means or method, takes impression of the human tooth, teeth, jaws, or performs any phase of any operation incident to the replacement of a part of a tooth;
>
> 3. Supplies artificial substitutes for the natural teeth, or who furnishes, supplies, constructs, reproduces, or repairs any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth, except on the written work authorization of a duly licensed and registered dentist.
>
> 4. Places such appliance or structure in the human mouth, or adjusts or attempts or professes to adjust the same, or delivers the same to any person other than the dentist upon whose work authorization the work was performed;

5. Professes to the public by any method to furnish, supply, construct, reproduce, or repair any prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth;

6. Diagnoses, or professes to diagnose, prescribe for, or professes to prescribe for, treats, or professes to treat, disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structures;

7. Extracts, or attempts to extract, human teeth, or corrects or attempts to correct, malformations of teeth or of the jaws;

8. Repairs or fills cavities in human teeth;

9. Diagnoses, makes and adjusts appliances to artificial casts or malposed teeth for treatment of the malposed teeth in the human mouth, with or without instruction;

10. Uses a roentgen or X-ray machine for the purpose of taking dental X-rays or roentgenograms;

11. Gives, or professes to give, interpretations or readings of dental X-rays or roentgenograms;

12. Administers an anesthetic of any nature in connection with a dental operation;

13. Uses the words dentist, dental surgeon, oral surgeon, or the letters D.D.S., D.M.D., or any other words, letters, title, or a descriptive matter which in any way represents him as being able to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the teeth or jaws or adjacent structures; or

14. States, or professes, or permits to be stated or professed by any means or method whatsoever, that he or she can perform or will attempt to perform dental operations, or render a diagnosis connected therewith.

A very few states follow a similar format to that of Iowa in its definition of dentistry which is very general in nature:

> "Practice of dentistry" defined. For the purposes of this title the following classes of persons shall be deemed to be engaged in the practice of dentistry:
>
> 1. Persons publicly professing to be dentists, dental surgeons, or skilled in the science of dentistry, or publicly professing to assume the duties incident to the practice of dentistry.

2. Persons who treat or attempt to correct by any medicine, appliance, or method, any disorder, lesion, injury, deformity, or defect of the oral cavity, teeth, gums, or maxillary bones of the human being, or give prophylactic treatment to any of said organs.

Composition of State Regulatory Bodies and Functions

All 50 states, the District of Columbia and Puerto Rico utilize a board of dentistry as the regulating body over the profession, although the titles of the boards differ. Dentists are in the majority on state boards. The majority of states (36 of 52) also have public members on the board. See Table V-2 for complete details.

Almost every state utilizes the board as the body that issues the licenses and promulgates rules and regulations. Of those that do not, four utilize their governing departments, and one promulgates rules through the mayor. The power to approve and accredit education programs is either given to the board or the governing department. Many boards depend on accreditation by the American Dental Association and automatically approve and accredit educational programs accredited by the ADA. The District of Columbia gives the power to the mayor, and Puerto Rico gives it to the Council on Higher Education. For complete information see Table V-3.

All states give the regulating body the power to suspend or revoke a license. Other disciplinary sanctions are listed in Table V-4.

A majority of the states administer a written examination through the regulating body. A vast majority of the states require a practical examination as well, and about half give or may give an oral examination to their applicants. See Table V-5 for complete details.

Requirements for Licensure

All jurisdictions require that an applicant for license complete a course of study in dentistry. Almost all states include a provision that applicants possess a "good moral character" and a minimum age between 18 and 21. See Table V-6 for complete information.

Fee Schedule

The various levels of fee payments for licensure application renewal and other categories are given in Table V-7.

Interstate Recognition of Credentials

More states require reciprocal arrangements with other states before license recognition (23 of 52) than endorse the license of dentists from other states (19 of 52). The states that do not include either provision usually require that those dentists transferring into the state take an examination and meet all other requirements for initial licensure applicants. For requirements regarding endorsement and reciprocity see Table V-8.

Continuing Education Requirements

Fewer than a quarter of the states (12 of 52) require a certain number of continuing education hours for license renewal while five states permit continuing education requirements to be adopted. The extent of this education is explained in Table V-9.

TABLE V-1

DENTIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	Code of Alabama 34-9-1 et seq.
ALASKA	Licensure	AS 08.36.100
ARIZONA	Licensure	ARS 32-1231 et seq.
ARKANSAS	Licensure	ASA 72-540
CALIFORNIA	Licensure	Dental Practice Act sec 1701(f)
COLORADO	Licensure	CRS 12-35-109
CONNECTICUT	Licensure	CGS 20-106
DELAWARE	Licensure	DCA sec 1122 et seq.
FLORIDA	Licensure	FS 466.011
GEORGIA	Licensure	OCG 43-11-76
HAWAII	Licensure	HRS 448.2
IDAHO	Licensure	IC 54-903
ILLINOIS	Licensure	111 IRS 2206
INDIANA	Licensure	IC 25-14-1-1
IOWA	Licensure	IC 153.17
KANSAS	Licensure	KSA 65-1421
KENTUCKY	Licensure	KRS 313.020
LOUISIANA	Licensure	LRS 37-761
MAINE	Licensure	MRSA 1084
MARYLAND	Licensure	ACM 4-301
MASSACHUSETTS	Licensure	CMR 2:01:7
MICHIGAN	Licensure	333.16611
MINNESOTA	Licensure	MS 150A.06
MISSISSIPPI	Licensure	MCA 73-9-1
MISSOURI	Licensure	OSR 110-2.020 (1)
MONTANA	Licensure	MCA 37-4-101 et seq.
NEBRASKA	Licensure	RS 71-102 et seq.
NEVADA	Licensure	NRS 631.005 et seq.
NEW HAMPSHIRE	Licensure	NHSA 317-A1 et seq.
NEW JERSEY	Licensure	Sec. 45:6-13
NEW MEXICO	Licensure	Art. 2 Sect. 201 of Den. Prac.
NEW YORK	Licensure	CLNYA 6602
NORTH CAROLINA	Licensure	GSNC 90-29
NORTH DAKOTA	Licensure	NDCC 43-28-10
OHIO	Licensure	ORCA 4715.09

TABLE V-1 Page 2 of 2

DENTIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	Dental Practice Act sec. 21
OREGON	Licensure	ORS 679.025
PENNSYLVANIA	Licensure	63 PS 129
RHODE ISLAND	Licensure	GLRI 5-31-1.1
SOUTH CAROLINA	Licensure	CLSC 40-15-100
SOUTH DAKOTA	Licensure	SDCL 36-6-13
TENNESSEE	Licensure	TCA 63-5-167
TEXAS	Licensure	Dental Practice Act sec. 4548
UTAH	Licensure	UCA 58-7-6
VERMONT	Licensure	VSA 801 et seq.
VIRGINIA	Licensure	VC 54-168
WASHINGTON	Licensure	RCW 18-32-090
WEST VIRGINIA	Licensure	WVC 30-4-5
WISCONSIN	Licensure	WSA 447.02
WYOMING	Licensure	WS 33-15-108
DISTRICT OF COLUMBIA	Licensure	Title V-Sec.501
PUERTO RICO	Licensure	Dental Practice Act 20 sec 94

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE V-2

DENTIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Bd. of Dental Examiners	5	0	0	5
ALASKA	Bd. of Dental Examiners Dept. of Commerce & Economic Dev.	4	2	1a	7
ARIZONA	St. Dental Bd	5	3	1a	9
ARKANSAS	St. Bd. of Dental Examiners	5	1	1a	7
CALIFORNIA	Bd. of Dental Examiners Dept. of Consumer Affairs	8	4	0	12
COLORADO	St. Bd. of Dental Examiners	5	1	2a	8
CONNECTICUT	St. Dental Commission	5	3	1a	9
DELAWARE	St. Bd. of Dental Examiners	5	0	0	5
FLORIDA	Bd. of Dentistry	6	2	1a	9
GEORGIA	Bd. of Dentistry	9	1	1a	11
HAWAII	Bd. of Dental Examiners	8	2	1a	11
IDAHO	St. Bd. of Dentistry	5	1	1a	7
ILLINOIS	Dental Examining Committee Dept. of Registration & Education	8	0	1a	9
INDIANA	St. Bd. of Dental Examiners	9	1	1a	11
IOWA	Bd. of Dental Examiners	5	2	2a	9
KANSAS	Dental Board	3	1	1a	5
KENTUCKY	Bd. of Dentistry	7	1	1a	9
LOUISIANA	St. Bd. of Dentistry	9	0	1a	10
MAINE	Bd. of Dental Examiners	5	1	1a	7
MARYLAND	Bd. of Dental Examiners	9	2	1a	12
MASSACHUSETTS	Board of Reg. in Dentistry	6	1	1	8

TABLE V-2 Page 2 of 3

DENTIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
MICHIGAN	Bd. of Dentistry	7	2	4b	13
MINNESOTA	Bd. of Dentistry	5	2	2c	9
MISSISSIPPI	St. Bd. of Dental Examiners	7	0	1a	8
MISSOURI	Missouri St. Dental Board	5	1	1a	7
MONTANA	Bd. of Dentistry	5	1	1a	7
NEBRASKA	Bd. of Examiners in Dentistry	6	1	1a	8
NEVADA	Bd. of Dental Examiners	7	1	2a	10
NEW HAMPSHIRE	Bd. of Dental Examiners	5	1	1a	7
NEW JERSEY	State Board of Dentistry	8	0	0	8
NEW MEXICO	Board of Dentistry	5	1	1a	7
NEW YORK	St. Bd. for Dentistry	13d	0	2	15d
NORTH CAROLINA	St. Bd. of Dental Examiners	6	1	1a	8
NORTH DAKOTA	St. Bd. of Dental Examiners	5	0	1a	6
OHIO	St. Dental Board	5	1	1a	7
OKLAHOMA	Bd. of Governors of the Registered Dentist of OK	8	2	1a	11
OREGON	Bd. of Dentistry	5	1	2a	8
PENNSYLVANIA	St. Dental Council & Exam. Bd. Dept. of State	7	2	1a	10
RHODE ISLAND	Bd. of Examiners in Dentistry	3	0	1a	4
SOUTH CAROLINA	Bd. of Dentistry	7	1	1a	9
SOUTH DAKOTA	Bd. of Dentistry	5	1	1a	7
TENNESSEE	Bd. of Dentistry	6	0	0	6

TABLE V-2

DENTIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TEXAS	St. Bd. of Dental Examiners	9	3	0	12
UTAH	St. Dental Committee	5	1	1a	7
VERMONT	St. Bd. of Dental Examiners	5	2	2a	9
VIRGINIA	Bd. of Dental Examiners	6	0	1a	7
WASHINGTON	Bd. of Dental Examiners	9	0	0	9
WEST VIRGINIA	Bd. of Dental Examiners	5	0	0	5
WISCONSIN	Bd. of Dental Examiners	5	1	1a	7
WYOMING	Bd. of Dental Examiners	5	0	1a	6
D.C.	Bd. of Dentistry	5	1	1a	7
PUERTO RICO	Bd. of Dental Examiners	5	0	0	5

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a All other members are dental hygienists
b Two of the other members are dental hygienists and two are dental assistants
c One of the other members is a dental hygienist and one is a dental assistant
d There will be no fewer than this number
e Organized by provision of Adm. Code P.S. 51 et. seq.

TABLE V-3

DENTIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	ADA	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	ADA	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	ADA	Board
CONNECTICUT	Board	ADA	Board
DELAWARE	Board	Board	Board
FLORIDA	Board	ADA	Board
GEORGIA	Board	Board	Board
HAWAII	Board	ADA	Board
IDAHO	Board	ADA	Board
ILLINOIS	Dept. of Reg. & Education	Department	Department
INDIANA	Board	ADA	Board
IOWA	Board	Board	Board
KANSAS	Board	ADA	Board
KENTUCKY	Board	ADA	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	ADA	Board
MICHIGAN	Board	Dept.of Lic. & Regulation	Board
MINNESOTA	Board	ADA	Board
MISSISSIPPI	Board	ADA	Board
MISSOURI			
MONTANA	Board	ADA	Board
NEBRASKA	Dept. of Health	ADA	Department
NEVADA	Board	ADA	Board
NEW HAMPSHIRE	Board	ADA	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board or ADA	Board
NEW YORK	Dept. of Educ.	Department	Commer. of Educ.
NORTH CAROLINA	Board	ADA	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	ADA	Board

TABLE V-3

DENTIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	ADA	Board
OREGON	Board	ADA	Board
PENNSYLVANIA	Board	ADA	Board
RHODE ISLAND	Board	ADA	Board
SOUTH CAROLINA	Board	ADA	Board
SOUTH DAKOTA	Board	ADA	Board
TENNESSEE	Board	ADA	Board
TEXAS	Board	ADA	Board
UTAH	Div. of Reg.	Div. of Reg.	Div. of Reg.
VERMONT	Board	ADA	Board
VIRGINIA	Board	ADA	Board
WASHINGTON	Board	ADA	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	ADA	Board
WYOMING	Board	ADA	Board
D.C.	Board	Mayor	Mayor
PUERTO RICO	Board	Council on Higher Educ.	Board

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

Board or Department listed for each state refers to the board and departments listed by state in Table V-2.

ADA = American Dental Association.

TABLE V-4 Page 1 of 2

DENTIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x	x	x		x	$2000	a,b
ARKANSAS	x	x				x	$1000	
CALIFORNIA	x	x	x		x	x		a
COLORADO	x	x		x	x	x		
CONNECTICUT	x	x	x	x	x	x	$1000	a
DELAWARE	x	x						
FLORIDA	x	x	x		x	x	$1000	
GEORGIA	x	x	x		x			c
HAWAII	x	x						
IDAHO	x	x						
ILLINOIS	x	x						
INDIANA	x	x	x	x	x	x		
IOWA	x	x						
KANSAS	x	x	x			x		
KENTUCKY	x	x						
LOUISIANA	x	x	x			x		d
MAINE	x	x				x		e
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x	x		x		$1000	h
MICHIGAN	x	x	x		x	x	x	
MINNESOTA	x	x						
MISSISSIPPI	x	x					$5000	
MISSOURI	x	x		x	x	x		
MONTANA	x	x	x	x	x	x		
NEBRASKA	x	x	x	x	x	x		
NEVADA	x	x					x	
NEW HAMPSHIRE	x	x			x			
NEW JERSEY	x	x		x	x			d
NEW MEXICO	x	x		x	x	x		
NEW YORK	x	x	x	x	x	x	$10000	a,f,g
NORTH CAROLINA	x	x		x		x		d
NORTH DAKOTA	x	x						
OHIO	x	x		x		x		

TABLE V-4 Page 2 of 2

DENTIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x			x	x		
OREGON	x	x	x			x	$1000	d
PENNSYLVANIA	x	x						
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x						
SOUTH DAKOTA	x	x	x	x	x	x		
TENNESSEE	x	x					$500	d
TEXAS	x	x			x	x		
UTAH	x	x						
VERMONT	x	x						d
VIRGINIA	x	x					$500/ $1000	
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						
D.C.	x	x			x	x	$5000	a,c
PUERTO RICO	x	x					$125/ $500	i

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

x Indicates board/dept. may utilize the sanction
a Board can require additional training or continuing education
b Board can subject the practitioner to peer review
c Board can require counseling or treatment
d Board can impose other disciplinary sanctions
e Board can seek a voluntary surrender of the license
f Board can require the licensee to perform up to 100 hours of public service
g Board can annul the license
h Imprisonment for 6 months
i Imprisonment for subsequent offenses from a minimum 6 months to 2 years maximum

TABLE V-5

Page 1 of 2

DENTIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	PRACTICAL	VERBAL
ALABAMA	a or Board	Yes	
ALASKA	a	Yes	
ARIZONA	a or Board	b	
ARKANSAS	a	Yes	Yes
CALIFORNIA	a or Board	Yes	Yes
COLORADO	Board	Yes	Yes
CONNECTICUT	a	Yes	
DELAWARE	a or Board	Yes	May
FLORIDA	a	Yes	
GEORGIA	a	Yes	May
HAWAII	a	Yes	May
IDAHO	a	Yes	
ILLINOIS	a or Board	Yes	
INDIANA	a and c	Yes	
IOWA	a	b	
KANSAS	a or Board and c	Yes	
KENTUCKY	a or Board	Yes	
LOUISIANA	a	Yes	
MAINE	a	Yes	May
MARYLAND	Board		
MASSACHUSETTS	a or Board	Yes	May
MICHIGAN	a	b	
MINNESOTA	a	b	
MISSISSIPPI	a or Board	Yes	May
MISSOURI	a or b	b	
MONTANA	a and c	b	Yes
NEBRASKA	a or Board	Yes	
NEVADA	a or Board	Yes	
NEW HAMPSHIRE	a	b	
NEW JERSEY	a or Board	May	Yes
NEW MEXICO	c*	Yes	*
NEW YORK	a or Board	b	
NORTH CAROLINA	a	Yes	May
NORTH DAKOTA	a or Board	Yes	
OHIO	a or Board	Yes	May

TABLE V-5 Page 2 of 2

DENTIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	PRACTICAL	VERBAL
OKLAHOMA	a or Board	Yes	
OREGON	a or Board	b	May
PENNSYLVANIA	a and c	b	
RHODE ISLAND	a or Board	b	May
SOUTH CAROLINA	Board	b	May
SOUTH DAKOTA	a	b	Interview
TENNESSEE	a or Board	b	May
TEXAS	a	Yes	May
UTAH	Div. of Regist.	Yes	May
VERMONT	a and c	b	Interview
VIRGINIA	a	b	
WASHINGTON	a	Yes	
WEST VIRGINIA	a or Board	Yes	
WISCONSIN	a or Board	b	
WYOMING	a or Board	Yes	
DISTRICT OF COLUMBIA	Board		
PUERTO RICO	a or Board	Yes	

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a National Board of Dental Examiner's written examination is used for the theory portion of the examination
b A regional examining agency is used to test the practical portion of the exam. There are various regional agencies which administer this portion of the examination, including: Central, Northeast, Northwest
c The state requires the applicant take a jurisprudence examination

* The test can be either written or verbal

TABLE V-6 Page 1 of 2

DENTIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERN-SHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a	b		19		
ALASKA	a					
ARIZONA	a	b				
ARKANSAS	a	b		21		
CALIFORNIA	a			18		
COLORADO	a	b		21		
CONNECTICUT	a					
DELAWARE	a	b	1 yr.			
FLORIDA	a			18		
GEORGIA	a	b		21		
HAWAII	a			18		
IDAHO	a	b				
ILLINOIS	a				c	
INDIANA	a and d					
IOWA	a					
KANSAS	a	b		21		
KENTUCKY	a	b		18		
LOUISIANA	a				yes	
MAINE	a			18		
MARYLAND	a	b		18		
MASSACHUSETTS	a	b		21		
MICHIGAN	a	b		18	yes	
MINNESOTA	a	b				
MISSISSIPPI	a	b		18	yes	
MISSOURI						
MONTANA	a	b				
NEBRASKA	a	b				
NEVADA	a	b		21	e	
NEW HAMPSHIRE	a	b		18		
NEW JERSEY	a,d,h	b		21		
NEW MEXICO	a				c	
NEW YORK	a	b		21	e	
NORTH CAROLINA	a	b		18		
NORTH DAKOTA	a	b				
OHIO	a	b		18		

TABLE V-6 Page 2 of 2

DENTIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERN-SHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a	b		21		
OREGON	a			18		
PENNSYLVANIA	a	b		21		
RHODE ISLAND	a	b		18	f	
SOUTH CAROLINA	a	b		21		
SOUTH DAKOTA	a	b			yes	yes
TENNESSEE	a and d					
TEXAS	a and d	b		21		
UTAH	a	b		21		
VERMONT	a	b		18	yes	
VIRGINIA	a	b		18		
WASHINGTON	a				g	
WEST VIRGINIA	a	b		18	yes	
WISCONSIN	a					
WYOMING	a	b				
D.C.		a			18	
PUERTO RICO	a			18	yes	yes

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a Graduate of an accredited or approved dental school
b Applicant must be of "good moral character"
c Applicant must be either a citizen or have his/her first naturalization papers
d Applicant must have CPR training
e Applicant must be a citizen or lawfully allowed to remain in the U.S.
f Applicant must be a citizen or have made a declaration of intent, with citizenship gained within five years from licensure
g Applicant must either be a citizen or become one within six years
h Applicant must pass jurisprudence test

TABLE V-7

Page 1 of 2

DENTIST

SCHEDULE OF FEES

STATE	APPLI-CATION	EXAM	RENEWAL	TEMPO-RARY	DUPLI-CATE	RECIP-ROCAL
ALABAMA		$25-200	$10-50/Ann	$20	$50-100	
ALASKA	$25 a	$200	$200/4 yrs	$50	$10	$200
ARIZONA	$50 b	$50	$225/Tri		$10	
ARKANSAS			$60/Ann*			
CALIFORNIA	$100*	$100*	$60*/Ann		$25	
COLORADO						
CONNECTICUT		$150				$150
DELAWARE		$75	$10/Ann		$10	
FLORIDA	$100	$180	$150/Bi			
GEORGIA	$125		$60/Bi		$15	
HAWAII		$150	$10.50/Ann			
IDAHO		$150	$100/Ann			$75**
ILLINOIS	$25	COE	$15/Ann	$25	$10	$50
INDIANA	$50 c	$50	$60/Bi			$75
IOWA	$100		$100/Bi		$10	$275
KANSAS		$100*	$100/Ann		$10*	$100
KENTUCKY	$50		$50/Ann*			$60
LOUISIANA	$100		$50/Ann		$20	$100
MAINE	$100		$100/Bi*		$15	$150*
MARYLAND	$50	COE	$25/Ann	$15		
MASSACHUSETTS		$75	$30/Bi	$25		
MICHIGAN	$35	$175	$25/Ann	$15		$35
MINNESOTA	$70		$38/Ann		$5	$250
MISSISSIPPI	$200*		$50/Ann		$20	
MISSOURI	e	$75	$100/Ann		$20	$100
MONTANA	a	$50	$35		$10	$50
NEBRASKA		$50-300	$20-100/Bi	$5	$50-300	
NEVADA		$150	$200/Ann*			
NEW HAMPSHIRE	$100			$50		
NEW JERSEY	d	$50	$8/Ann		$2	$5
NEW MEXICO	$150					
NEW YORK		$125	$120/Tri			$75
NORTH CAROLINA		$75	$40			$75
NORTH DAKOTA		$150	$75/Ann*		$20	$150
OHIO		$75	$40*/Ann		$7.50	$75

TABLE V-7 Page 2 of 2

DENTIST

SCHEDULE OF FEES

STATE	APPLI-CATION	EXAM	RENEWAL	TEMPO-RARY	DUPLI-CATE	RECIP-ROCAL
OKLAHOMA		$200*		$100*		$100*
OREGON		$50*	$100/Ann*			
PENNSYLVANIA	d	$25	$25/Bi		$10	$50
RHODE ISLAND		$75	$25/Ann			
SOUTH CAROLINA		$200				
SOUTH DAKOTA	c	$100	$50/Ann		$2-15	$100
TENNESSEE	e	$200*	$15/Ann			
TEXAS		$150*	$75/Ann*		$15*	$150*
UTAH	$20		$10-20/Bi			
VERMONT	$50		$25/Ann			$50
VIRGINIA	$80f		$60/Bi	$50	$10	
WASHINGTON	$100		$30/Ann		$5	$100
WEST VIRGINIA		$35	$20/Ann			$50
WISCONSIN		$50	$35/Bi		$5	$50
WYOMING	g					
D.C.	h					
PUERTO RICO	g					

Source: HPLIS/Council of State Governments; December 31,1985

Key:

Ann = Annual
Bi = Biennial
Tri = Triannual
COE = Applicant must pay for the cost of the exam

* Not to exceed
** Provisional license
a Initial license fee is $30.00
b Registration fee is one third of renewal fee
c Initial license fee is $50.00
d Initial license fee is $25.00
e Initial license fee is $10.00
f Initial license fee is $60.00
g Fees fixed by Board
h Fees fixed by Department

TABLE V-8 Page 1 of 2

DENTIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
ALABAMA	x		a,b,d,f
ALASKA	x		a,b,c,d,e,j,k,l
ARIZONA		x	a,b
ARKANSAS	x		a,b,d,e
CALIFORNIA		x	pass state or ADA Board
COLORADO	o		
CONNECTICUT	x		
DELAWARE	x		b
FLORIDA	o*		
GEORGIA	o		
HAWAII	o*		
IDAHO	o		
ILLINOIS	x		
INDIANA	o		
IOWA	x		a,b,d,f
KANSAS		x	a,i
KENTUCKY	x		
LOUISIANA	x		a,b,h
MAINE		x	a,b
MARYLAND		x	a,b,c,j
MASSACHUSETTS		x	a,b
MICHIGAN		x	a,b
MINNESOTA		x	a,b,c,i
MISSISSIPPI	o		
MISSOURI		x	a,b,d
MONTANA	x		a
NEBRASKA		x	a,b,g
NEVADA		x	a,b
NEW HAMPSHIRE	x		a,b
NEW JERSEY		x	a,b,j
NEW MEXICO	o		
NEW YORK		x	b,d,
NORTH CAROLINA		x	a,b,f
NORTH DAKOTA	x		a,j
OHIO	x		a,b,i,j
OKLAHOMA	x		b,c,d,i
OREGON	o		
PENNSYLVANIA	m	x	b,c,d,i

TABLE V-8

DENTIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
RHODE ISLAND	x		a,d
SOUTH CAROLINA	x		
SOUTH DAKOTA		x	a,b,j
TENNESSEE	x		a,b,d,j
TEXAS		x	a
UTAH	o		
VERMONT		x	b,g,j
VIRGINIA	x		
WASHINGTON	x		a,b
WEST VIRGINIA	x		
WISCONSIN		x	a,b,g
WYOMING	x		k
DISTRICT OF COLUMBIA	x		a,d,k
PUERTO RICO	x		a

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a	Requirements for licensure are no less strict in previous state/proof of graduation from a dental school approved by this state's dental board or the American Dental Association's proof of a passing score on the National or Regional Board exam or equivalent exam
b	Two to five years in practice immediately prior to application in this state
c	Personal interview
d	Proof of "good standing" in previous state; i.e., applicant has not had a licensed revoked, is not the subject of a complaint, or has not failed the last examination taken in the previous state
e	Physical examination
f	Clinical examination
g	Practical examination
h	Citizen or permanent resident of the United States
i	Jurisprudence examination
j	Good moral character
k	Fee
l	Must present licensure examination scores from previous state
m	Reciprocity with some states
o	All applicants for licensure, including those transferring in from other states must take all examinations required. All preliminary requirements for applicants apply to out-of-state applicants
*	If applicant has passed national board exam, a waiver of state exam

TABLE V-9

DENTIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	no	
ALASKA	no	
ARIZONA	no	
ARKANSAS	no	
CALIFORNIA	yes	50 hrs/biennially
COLORADO	no	
CONNECTICUT	no	
DELAWARE	no	
FLORIDA	no	
GEORGIA	no	
HAWAII	no	
IDAHO	no	
ILLINOIS	no	
INDIANA	no	
IOWA	yes	15 hrs/annually
KANSAS	yes	30 hrs/annually
KENTUCKY	yes	10 points annually
LOUISIANA	no	
MAINE	no	
MARYLAND	no	
MASSACHUSETTS	yes	40 hrs/biennially
MICHIGAN	no	
MINNESOTA	yes	75 hrs every 5 years
MISSISSIPPI	no	
MISSOURI	no	
MONTANA	may	
NEBRASKA	yes	15 hrs/annually
NEVADA	no	
NEW HAMPSHIRE	may	
NEW JERSEY	no	
NEW MEXICO	yes	60 hrs/triannually
NEW YORK	no	
NORTH CAROLINA	no	
NORTH DAKOTA	yes	no less than 50 hrs every 5 years
OHIO	no	

TABLE V-9 Page 2 of 2

DENTIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	yes	60 hrs/triannually
OREGON	yes	40 hrs/triannually
PENNSYLVANIA	no	
RHODE ISLAND	may	
SOUTH CAROLINA	no	
SOUTH DAKOTA	yes	25 hrs every 5 years
TENNESSEE	no	
TEXAS	no	
UTAH	no	
VERMONT	no	
VIRGINIA	no	
WASHINGTON	no	
WEST VIRGINIA	no	
WISCONSIN	no	
WYOMING	may	
DISTRICT OF COLUMBIA	may	
PUERTO RICO	no	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER VI

STATE REGULATION OF DENTAL HYGIENISTS

DENTAL HYGIENIST

Type of State Regulation

All states except two regulate the practice of dental hygiene through licensure. Oklahoma requires a "certificate of ability" and Wisconsin regulates through certification of dental hygienists. (See Table VI-1).

Scope of Practice

Each state varies in its listing of duties which may be delegated to the dental hygienist from the dentist. In addition, many states have multiple categories of dental hygienists where those with extra training, a certain amount of experience, or proof of passing a special exam receive the title of dental hygienist with expanded functions (variations of this title do exist). Most states include a list of duties allowable to these dental hygienists with expanded functions. A few examples showing differing descriptions of dental hygiene practice follow:

Montana presents a short format:

> The practice of dental hygiene is services, performed by a licensed preventive oral health practitioner known as a dental hygienist, that are educational, therapeutic, prophylactic, or preventive procedures in nature, as the board in writing defines and authorizes. These services include and the board shall authorize the administration of local anesthetic agents by a licensed dental hygienist certified by the board to administer the agents under the direct supervision and authorization of a licensed dentist. However, this section does not allow the board or a licensed dentist to delegate any of the following duties.
>
> (1) diagnosis, treatment planning, and prescription;
>
> (2) surgical procedures on hard and soft tissues other than root planning and subgingival curettage;
>
> (3) restorative, prosthetic, orthodontic, and other procedures which require the knowledge and skill of a dentist;
>
> (4) prescription for drugs or medications or work authorizations.

Illinois statutes describe a vastly more detailed description of what a dental hygienist can and cannot do:

> b) Permitted Duties of a Dental Hygienist:
>
> 1) Dental hygienists may perform dental health education functions and may record case histories and oral conditions observed.

2) Scope of Duties

   A) Hygienists may perform all procedures which may be performed by an appropriately trained dental assistant.

   B) Hygienists may not perform procedures which require the professional judgment and skill of a dentist, such as diagnosis and treatment planning.

3) Appendix C of this Part contains an illustrative list of those procedures which may be performed by registered dental hygienists.

4) The licensed dentist need not be present in the facility for a dental hygienist to perform the procedures outlined in Appendix C of this Part on persons who reside in a long term care facility, hospital or other similar institution and are unable to travel to a dental office because of illness or infirmity. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in a written order to the hygienist. Such order must be implemented within 6 months of its issuance and an updated medical history and oral inspection must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a re-examination by the dentist.

c) All intraoral procedures performed by a dental auxiliary, except those provided for in subsections (b)(1) and (b)(4), above, must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

Appendix B

The following procedures may be performed by an appropriately trained dental assistant if the licensed dentist responsible for the patients in that practice:

a) Is in the same room during the performance of the procedures:

   1) Provide chairside assistance to the dentist who is performing dental operations and act in response to the dentist's specific directions, such as retracting a patient's cheek, tongue, or other oral tissue.

   2) Chart the mouth as directed by the dentist who is performing a dental examination, and record preliminary medical and dental histories.

b) Is in the dental facility during the performance of the procedures:

1) Provide chairside assistance to a dental hygienist, perform certain tasks consisting of traditional chairside assisting such as retraction of patient's tongue, cheek, or other oral tissue.

2) Remove oral debris by water, compressed air and vacuum devices.

3) Mix dental materials to be used by the dentist.

4) Receive removable prostheses for cleaning and repair by the dentist or dental laboratory technician on written order of the dentist.

5) Seat patients, place protective garments, lubricate lips, and otherwise prepare patients for the dentist.

6) Pre-selection and contouring of temporary crown forms extraorally for placement of filling material and seating of temporary crown by the dentist.

7) Place and remove rubber dams and clamps; place rubber or wire orthodontic separators.

8) Remove excess cement or bonding material from clinical crown of tooth.

9) Remove periodontal packs and sutures excluding wire sutures.

10) Expose and process roentgenograms of teeth, the alveolar process, or any of the bony parts necessarily involved.

11) Place and remove metal, celluloid, or plastic matrices and wedges between teeth for placement of filling material by the dentist.

12) Provide instructions in placement of devices of a type which are usually or normally placed in the patient's mouth by the patient himself.

13) Take impressions of the mouth for the purpose of making diagnostic casts.

14) For impressions other than those used for diagnostic purposes, selection of impression trays and holding of impressions after they have been seated by dentist, and remove such impression at the direction of the dentist.

15) Instruct patients in oral hygiene, intraoral elastics, or the care and use of orthodontic appliances.

16) Pre-selection extraorally of preformed orthodontic bands and/or brackets only.

17) Remove ligature ties, cut and tuck ligatures, remove tension devices and any loose or broken bands or arch wires.

18) Fixation (ligations, pinning, or fastening) of any arch wire after fitting and placement of that arch wire by a licensed dentist.

19) Remove an arch wire.

c) Directs the performance of procedures which do not require direct contact with patients. The dentist need not be physically present in the office during the performance of these procedures.

Appendix C

The following procedures may be performed by a registered dental hygienist if the licensed dentist responsible for the patients in that practice is in the dental facility during the performance of the procedures:

a) The operative procedure of dental hygiene, consisting of oral prophylactic procedures.

b) The application to the surfaces of the teeth of such chemical compounds as have the approval of the American Dental Association as desensitizing agents or as effective agents in the prevention of dental caries.

c) Polish restorations without changing the anatomy, contour or occlusion of the tooth.

d) Perform root planning and closed soft tissue curettage.

e) Place temporary restorations following examination and instruction by the dentist.

f) Apply topical anesthetics.

g) Record existing conditions through the use of radiographs.

h) Perform laboratory tests such as oral cytology smears and pulp vitality tests.

i) Apply pit and fissure sealants to teeth, as prescribed by the dentist.

j) Remove temporary crowns and restorations using hand instruments.

Most of the other states fall somewhere within these two extremes. Differences lie mainly in delegation or prohibition of specific duties to dental hygienists or to those with expanded functions. For example, the administration of local anesthetics is permitted in some states' scope of practice for regular dental hygienists while other states only permit those with expanded duty training to perform this duty. Many states prohibit this duty from a dental hygienist's scope altogether.

All of the states prohibit dental hygienists from diagnosis, treatment planning and prescription for drugs, medications, work authorizations, or from performing surgery on hard or soft tissues.

Organization of State Regulatory Bodies and Functions

Boards of Dentistry regulate the dental hygiene occupation in all of the states. For complete details on differences in dental board titles see Table VI-2. Three states also have formed dental hygiene advisory committees which are made up solely of dental hygienists. All but nine state dental boards have dental hygienists sitting on the board but a majority of the board members are dentists. Eighteen states do not include public members on their boards.

All but five states and the District of Columbia utilize their board as the body which issues the licenses and promulgates rules and regulations. Of those that do not, two utilize the Department of Health to issue the license and the Commissioner of Education to promulgate rules and regulations. One designates both functions to the Division of Registration, and the District of Columbia gives power to the mayor. The approval and accreditation of educational programs is more diversified, but the majority of states still give the board the power to perform this function. Twenty-one states recognize accreditation by the American Dental Association, five states give power to the board or the ADA, four delegate the responsibility to the Department of Health, and one uses the Division of Registration. Puerto Rico relies on their Council on Higher Education, and the District of Columbia gives the mayor the responsibility to approve or accredit educational programs. See Table VI-3.

All states give the regulating body the power to suspend or revoke a dental hygienist's license. Twenty-three states give the body power to put a dental hygienist on probation. For complete details on other disciplinary sanctions see Table VI-4.

All of the states, except one, administer a written examination to applicants using a board approved or ADA prepared examination. One state has an examination that is prepared by the Division of Health. The vast majority of states use a practical examination as well as a written examination and many administer or may, at the regulatory body's discretion, administer an oral examination. See Table VI-5.

Requirements for Licensure

All states require dental hygienists to complete an approved or accredited course of study in dental hygiene. Most states require a minimum age for application for licensure, as well as a requirement that the applicant be of good moral character. Complete details of additional requirements are included in Table VI-6.

Fee Schedule

The fee schedule for six types of fees is set out in Table VI-7.

Interstate Recognition of Credentials

An almost equal number of states either endorse the license of dental hygienists from other states or require reciprocal arrangements with other states before license recognition; some states give no indication of either process. See Table VI-8 for conditions required for endorsement or reciprocity. (Reciprocity may be listed in the statutes without mention of conditions.)

Continuing Education Requirements

A majority of the states do not require that dental hygienists go on to complete additional education in dental hygiene, although the requirements for training in expanded duties for dental hygienists may require further training. Complete listings of the extent of education for those states which do require continued education is compiled in Table VI-9.

TABLE VI-1 Page 1 of 2

DENTAL HYGIENIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	34-9-4
ALASKA	Licensure	AS 08.32.010
ARIZONA	Licensure	ARS 32-1281 et seq.
ARKANSAS	Licensure	ARS 72-540
CALIFORNIA	Licensure	Dental Act sect. 1740 et seq.
COLORADO	Licensure	CRS 12-35-109
CONNECTICUT	Licensure	CS 20-111
DELAWARE	Licensure	Ch.11 1151.a(1)
FLORIDA	Licensure	FS 466.001
GEORGIA	Licensure	OCGA 43-11-76
HAWAII	Licensure	Ch. 447-1(d)
IDAHO	Licensure	IC 54-903
ILLINOIS	Licensure	2245-17b
INDIANA	Licensure	IC 25-13-1-3
IOWA	Licensure	IC 153.17
KANSAS	Licensure	KSA 65-1421
KENTUCKY	Licensure	KRS 313.310
LOUISIANA	Licensure	RS 764
MAINE	Licensure	ACM 1098
MARYLAND	Licensure	AM 4-301
MASSACHUSETTS	Licensure	M.G.L. C.1125.51
MICHIGAN	Licensure	333.16611
MINNESOTA	Licensure	150A.06
MISSISSIPPI	Licensure	73-9-1
MISSOURI	Licensure	CSR 110-2.060 (1)
MONTANA	Licensure	37-9-101
NEBRASKA	Licensure	71-102
NEVADA	Licensure	631.005 et seq.
NEW HAMPSHIRE	Licensure	NHSA 317-A:1 et seq.
NEW JERSEY	Licensure	13:30-2.1
NEW MEXICO	Licensure	Article 8 Sect. 801
NEW YORK	Licensure	6607
NORTH CAROLINA	Licensure	Ch 16 Sect. 0100.0101
NORTH DAKOTA	Licensure	NDCC 43-20 et seq.
OHIO	Licensure	ORCA 4715.20

TABLE VI-1

DENTAL HYGIENIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure*	Dental Act sect. 21
OREGON	Licensure	ORS 680.020
PENNSYLVANIA	Licensure	63 PS 129
RHODE ISLAND	Licensure	GLRI 5-31-1.1
SOUTH CAROLINA	Licensure	40-15-120
SOUTH DAKOTA	Licensure	SDCL 36-6-13
TENNESSEE	Licensure	TCA 63-5-107
TEXAS	Licensure	Dental Practice Act sect. 4551e
UTAH	Licensure	58-7-12
VERMONT	Licensure	VCA 851 et seq.
VIRGINIA	Licensure	CVA 54-200.20
WASHINGTON	Licensure	RCW 18.29.010
WEST VIRGINIA	Licensure	WVC 30-4-5
WISCONSIN	Certification	447.08
WYOMING	Licensure	33-15-119 et seq.
DISTRICT OF COLUMBIA	Licensure	Title V-Sec. 501
PUERTO RICO	Licensure	T.2094b

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Hygienists receive a "certificate of ability" which acts as a license

TABLE VI-2

DENTAL HYGIENIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Bd. of Dental Examiners	o	o	5a	5
ALASKA	Bd. of Dental Examiners	0	2	4a	6
ARIZONA	State Dental Bd.	1	3	5a	9
ARKANSAS	Bd. of Dental Examiners	1	1	5a	7
CALIFORNIA	Bd. of Dental Examiners	0	4	8a	12
	Cmte. on Dental Auxiliaries	3	0	6b	9
COLORADO	Bd. of Dental Examiners	2	1	5a	8
CONNECTICUT	State Dental Commission	1	3	5a	9
DELAWARE	Bd. of Dental Examiners	0	0	5a	5
	Dental Hygiene Advisory Cmte.	3	0	0	3
FLORIDA	Bd. of Dentistry	1	2	6a	9
GEORGIA	Bd. of Dentistry	1	1	9a	11
HAWAII	Bd. of Dental Examiners	1	2	8a	11
IDAHO	Bd. of Dentistry	1	1	5a	7
ILLINOIS	Dental Examining Commission	1	0	8a	9
INDIANA	Bd. of Dental Examiners	1	1	9a	11
IOWA	Bd. of Dental Examiners	2	2	5a	9
KANSAS	Dental Board	1	1	3a	5
KENTUCKY	Bd. of Dentistry	1	1	7a	9
LOUISIANA	Bd. of Dentistry	1	0	9a	10
MAINE	Bd. of Dental Examiners	1	1	5a	7
MARYLAND	Bd. of Dental Examiners	1	2	9a	12
MASSACHUSETTS	Bd. of Reg. in Dentistry	1	1	6a	8

TABLE VI-2

DENTAL HYGIENIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MICHIGAN	Bd. of Dentistry	2	2	9c	13
MINNESOTA	Bd. of Dentistry	0	20	6e	8
MISSISSIPPI	Bd. of Dental Examiners	1	0	7a	8
MISSOURI	State Dental Board	1	1	5a	7
MONTANA	Bd. of Dentistry Dept. of Commerce	1	1	5a	7
NEBRASKA	Bd. of Examiners in Dentistry Dept. of Health	1	1	6a	8
NEVADA	Bd. of Dental Examiners	2	1	7a	10
NEW HAMPSHIRE	Bd. of Dental Examiners	1	1	5a	7
NEW JERSEY	Bd of Dentistry	0	0	8a	8
NEW MEXICO	Bd. of Dentistry	1	1	5a	7
NEW YORK	Bd. of Dentistry	2	0	13a,f	15f
NORTH CAROLINA	Bd. of Dental Examiners	1	1	6a	8
NORTH DAKOTA	Bd. of Dental Examiners	1	0	5a	6
OHIO	State Dental Board	1	1	5a	7
OKLAHOMA	Bd. of Governors of the Registered Dentists of OK	1	2	8a	11
OREGON	Bd. of Dentistry	2	1	5a	8
PENNSYLVANIA	St. Dental Council and Examining Bd./Dept. of Health	1	2	7a	10
RHODE ISLAND	Bd. of Examiners in Dentistry	1	0	3a	4
SOUTH CAROLINA	Bd. of Dentistry	1	1	7a	9
SOUTH DAKOTA	Bd. of Dentistry	1	1	5a	7

TABLE VI-2 Page 3 of 3

DENTAL HYGIENIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Bd. of Dentistry	1g	0	6a	6
TEXAS	Dental Hygiene Advisory Cmte.	6	0	0	6
UTAH	St. Dental Committee	1	1	5a	7
VERMONT	Bd. of Dental Examiners	2	2	5a	9
VIRGINIA	Bd. of Dental Examiners Dept. of Health	1	0	6a	7
WASHINGTON	Bd. of Dental Examiners	0	0	9a	9
WEST VIRGINIA	Bd. of Dental Examiners	0	0	5a	5
WISCONSIN	Dentistry Examining Bd.	1	1	5a	7
WYOMING	Bd. of Dental Examiners	1	0	5a	6
D.C.	Bd. of Dentistry	1	1	5a	7
PUERTO RICO	Bd. of Dental Examiners	0	0	5a	5

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a All other members are dentists
b Other members include three dentists and three dental assistants
c The other members are seven dentists and two dental assistants
d The other members are five dentists and two dental assistants
e The other members are five dentists and one dental assistants
f In New York the Dental Board can have no fewer than 13 dentist members
g Dental Hygienist is appointed to the board to serve in an advisory capacity
h Board organized by provisions of the Administrative Code; PS 51 et. seq.

TABLE VI-3

Page 1 of 2

DENTAL HYGIENIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	ADA	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	ADA	Board
CONNECTICUT	Board	ADA	Board
DELAWARE	Board	Board	Board
FLORIDA	Board	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IDAHO	Board	ADA	Board
ILLINOIS	Department	Department	Department
INDIANA	Board	Board/ADA	Board
IOWA	Board	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	ADA	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	ADA	Board
MICHIGAN	Board	Department	Board
MINNESOTA	Board	ADA	Board
MISSISSIPPI	Board	Board/ADA	Board
MISSOURI	Board	Board	Board
MONTANA	Board	ADA	Board
NEBRASKA	Department	Department	Department
NEVADA	Board	ADA	Board
NEW HAMPSHIRE	Board	ADA	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Department	Department	Commr. of Educ.
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board/ADA	Board
OHIO	Board	ADA	Board

TABLE VI-3

DENTAL HYGIENIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	ADA	Board
OREGON	Board	ADA	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	ADA	Board
SOUTH CAROLINA	Board	ADA	Board
SOUTH DAKOTA	Board	ADA	Board
TENNESSEE	Board	Board/ADA	Board
TEXAS	Board	ADA	Board
UTAH	Division*	Division	Division
VERMONT	Board	ADA	Board
VIRGINIA	Board	ADA	Board
WASHINGTON	Board	ADA	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board/ADA	Board
WYOMING	Board	ADA	Board
D.C.	Board	Mayor	Mayor
PUERTO RICO	Board	Council on Higher Education	Board

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Division of Registration
ADA = American Dental Association

TABLE VI-4

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DENTAL HYGIENIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x		x		x		
ARKANSAS	x	x				x	$1000	
CALIFORNIA	x	x	x		x	x		a
COLORADO	x	x		x	x	x		
CONNECTICUT	x	x	x	x	x	x	$1000	a
DELAWARE	x	x						
FLORIDA	x	x	x		x	x	$1000	
GEORGIA	x	x	x		x			b
HAWAII	x	x						
IDAHO	x	x						
ILLINOIS	x	x						
INDIANA	x	x	x	x	x	x		
IOWA	x	x						
KANSAS	x	x	x			x		a
KENTUCKY	x	x						
LOUISIANA	x	x	x			x		
MAINE	x	x				x		
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x	x		x		$1000	d
MICHIGAN	x	x	x		x	x	x	
MINNESOTA	x	x						
MISSISSIPPI	x	x					$5000	
MISSOURI	x	x		x	x	x		
MONTANA	x	x	x	x	x	x		
NEBRASKA	x	x	x	x	x	x		
NEVADA	x	x					x	
NEW HAMPSHIRE	x	x			x			
NEW JERSEY	x	x		x	x			d
NEW MEXICO	x	x		x	x	x		
NEW YORK	x	x	x	x	x	x	$10000	a,c
NORTH CAROLINA	x	x		x	x			d
NORTH DAKOTA	x	x						
OHIO	x	x		x		x		

TABLE VI-4

DENTAL HYGIENIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x			x	x		
OREGON	x	x	x			x	$1000	d
PENNSYLVANIA	x	x						
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x						
SOUTH DAKOTA	x	x	x		x	x		
TENNESSEE	x	x					$500	
TEXAS	x	x			x	x		
UTAH	x	x						
VERMONT	x	x						
VIRGINIA	x	x						
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						
D.C.	x	x			x	x		a,b
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Board can require continuing education
b Board can require counseling or treatment
c Board can require licensee to perform up to 100 hours of public service
d Board can otherwise discipline

TABLE VI-5 Page 1 of 2

DENTAL HYGIENIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	Board		Yes
ALASKA	a		Yes
ARIZONA	a or Board		b
ARKANSAS	a		Yes
CALIFORNIA	Board		Yes
COLORADO	a or Board	Yes	Yes
CONNECTICUT	a		Yes
DELAWARE	Board	Yes	Yes c
FLORIDA	a		Yes
GEORGIA	a or Board		Yes
HAWAII	Board and a		Yes
IDAHO	a		Yes
ILLINOIS	a or Board		Yes
INDIANA	a or Board	May	Yes
IOWA	a		b
KANSAS	a or Board and d		Yes
KENTUCKY	a		Yes
LOUISIANA	a	Yes	Yes
MAINE	Board		Yes
MARYLAND	Board		
MASSACHUSETTS	a or board	May	Yes
MICHIGAN	a		b
MINNESOTA	a		b
MISSISSIPPI	a or Board	May	Yes
MISSOURI	a and d		Yes
MONTANA	a		b
NEBRASKA	Board		
NEVADA	a or Board	Yes	Yes
NEW HAMPSHIRE	a		b
NEW JERSEY	a or board	May	
NEW MEXICO	a or board,d	May,d	Yes
NEW YORK	a or Board		b
NORTH CAROLINA	a	Yes	Yes
NORTH DAKOTA	a		Yes
OHIO	a or Board		Yes

TABLE VI-5

DENTAL HYGIENIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	a or Board		Yes
OREGON	a or Board		b
PENNSYLVANIA	a		b
RHODE ISLAND	a or Board	May	b
SOUTH CAROLINA	a or Board	May	b
SOUTH DAKOTA	Board		Yes
TENNESSEE	a		b
TEXAS	a or Board	May	Yes
UTAH	Division		Yes
VERMONT	a,d	Interview	b
VIRGINIA	a		b
WASHINGTON	a or Board		Yes
WEST VIRGINIA	Board		Yes
WISCONSIN	a or Board		b
WYOMING	a or Board		Yes
DISTRICT OF COLUMBIA	Board		
PUERTO RICO	Board		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a National Board of Dental Examiners' examination is used
b A regional examining board administers the practical portion of the examination
c Two years of experience may be substituted for the practical examination
d Applicant must take a jurisprudence exam

TABLE VI-6 Page 1 of 2

DENTAL HYGIENIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a or b	c		19		
ALASKA	a			18		
ARIZONA	a	c		18		
ARKANSAS	a	c				
CALIFORNIA	a					
COLORADO	a	c				
CONNECTICUT	a					
DELAWARE	a	c		18	Yes	
FLORIDA	a			18		
GEORGIA	a	c		18		
HAWAII	a			18		
IDAHO	a	c				
ILLINOIS	a and d				Yes or e	
INDIANA	f	g,h				
IOWA	a					
KANSAS	a	c		18	Yes	
KENTUCKY	a	c		18		
LOUISIANA	a	c		18	Yes	
MAINE	a			18		
MARYLAND	a	c				
MASSACHUSETTS	a	c		19		
MICHIGAN	a	c		18		
MINNESOTA	a	c				
MISSISSIPPI	a	c		18	Yes	
MISSOURI	a	c				
MONTANA	a	c				
NEBRASKA	a	c		18		
NEVADA	a	c		18	Yes	
NEW HAMPSHIRE	a	c		18		
NEW JERSEY	a and i				Yes	
NEW MEXICO	a					
NEW YORK	a	c		17		
NORTH CAROLINA	a	c				
NORTH DAKOTA	a	c				
OHIO	a	c		18		
OKLAHOMA	a	c		18		
OREGON	a			18		

TABLE VI-6 Page 2 of 2

DENTAL HYGIENIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
PENNSYLVANIA	a	c		18		
RHODE ISLAND	a			18		
SOUTH CAROLINA	a	c				
SOUTH DAKOTA	a	c			Yes	Yes
TENNESSEE	a					
TEXAS	a			18		
UTAH	a	c		18		
VERMONT	a	c		18		
VIRGINIA	a	c		18		
WASHINGTON	a	c		18		Yes
WEST VIRGINIA	a	c		18		
WISCONSIN	a					
WYOMING	a	c				
D.C.	a					
PUERTO RICO	a	c				

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Graduate of a Commission on Dental Accredidation of the ADA or Board accredited or approved school of dental hygiene; or a graduate of a dental hygiene training program
b One year as a dental assistant and one year as a dental hygienist trainee will satisfy the education requirement
c Applicant must be of good moral character
d Applicant must have 60 hours of pre-dental hygiene education at the college level
e Applicant must either be a U.S. citizen, or have his/her first naturalization papers
f In Indiana the applicant must be a graduate of a two year dental hygiene program, or one year of dental hygiene school in addition with one year of internship, or a one year internship with five years of teaching
g Applicant cannot have been convicted of a felony which bears directly upon the practice of dental hygiene
h Applicant cannot have been convicted of a disciplinary rule
i Applicant must possess a National Dental Hygiene Board Certificate or his/her Northeast Regional scores

TABLE VI-7

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DENTAL HYGIENIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	a	$20-180	$10/Ann		$20	
ALASKA	$25 a	$75	$100/4yrs		$10	$75
ARIZONA	b	$25	$90/Tri			
ARKANSAS		COE	$40*/Ann			
CALIFORNIA	$20*	$50/$30	$30*		$25*	
COLORADO						
CONNECTICUT		$25				$25
DELAWARE		$25	$5/Ann	$10	$5	$25
FLORIDA	$50	$75	$60/Bi			
GEORGIA	$50		$30/Bi		$15	
HAWAII		$30	$4.50/Bi			
IDAHO		$50	$50/Ann			$25
ILLINOIS	$25	COE	$15/Ann		$10	$50
INDIANA	$25 c	COE	$20/Bi		$10	$35
IOWA	$50		$50/Bi		$10	$100
KANSAS		$50*	$50*/Ann		$10*	
KENTUCKY	$25		$10-20/Ann		$10	$25
LOUISIANA	$50		$25/Ann		$20	$50
MAINE		$35	$35*/Bi		$15	$50*
MARYLAND	$25	COE	$10/Ann			
MASSACHUSETTS		$20	$12/Bi			
MICHIGAN	$25	$120	$10/Ann	$10		
MINNESOTA	$25		$15/Ann		$5	$75
MISSISSIPPI	$100*		$35/Ann		$20	
MISSOURI	h	$50	$55/Ann		$20	$50
MONTANA	d	$50	$30		$10	$20
NEBRASKA		$50-300	$20-100/Bi		$5	$50-300
NEVADA		$75	$75*/Ann			
NEW HAMPSHIRE	$40 h					
NEW JERSEY	g	$20				
NEW MEXICO	$75*		$25*		$25	
NEW YORK		$65	$30/Tri			$40
NORTH CAROLINA		$30	$25			
NORTH DAKOTA		$40				$40
OHIO		$37.50	$15/Ann			
OKLAHOMA				$100*		$100*
OREGON		$30*	$50*/Ann			
PENNSYLVANIA	e		$10/Bi		$10	
RHODE ISLAND		$30	$10/Ann			

TABLE VI-7 Page 2 of 2

DENTAL HYGIENIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
SOUTH CAROLINA		$125				
SOUTH DAKOTA	f	$75*	$20/Ann		$2-15	$50
TENNESSEE	$25 g	$150*	$10*/Ann			
TEXAS		$75*	$50*/Ann		$15*	
UTAH	$20		$10-20/Bi			
VERMONT	$25		$7.50/Ann			$25
VIRGINIA	$60 d		$30/Bi		$10	
WASHINGTON	$25		$10/Ann			$25
WEST VIRGINIA		$20	$10/Ann			$25
WISCONSIN		$50	$35/Bi		$5	$50
WYOMING	j					
DISTRICT OF COLUMBIA	i					
PUERTO RICO	g	$5	$2/4yrs			

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

Ann = Annual
Bi = Biennial
Tri = Triannual
COE = Cost of Examination. Applicant must pay this amount before taking examination

* Fee is not to exceed this amount
a There is an initial license fee of $20.00
b There is an initial license fee which is one third of the renewal fee
c There is an initial license fee of $10.00
d There is an initial license fee of $30.00
e There is an initial license fee of $25.00
f There is an initial license fee of $50.00
g There is an initial license fee of $5.00
h There is an initial license fee of $15.00
i Fee determined by mayor
j Fee determined annually by the board

TABLE VI-8

Page 1 of 2

DENTAL HYGIENIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
ALABAMA	x		a,b,g
ALASKA	x		a,b,c,d,e,g,h,i
ARIZONA		x	Pass ADA exam
ARKANSAS	x		a,b
CALIFORNIA		x	Pass ADA exam or equivalent
COLORADO	o		
CONNECTICUT		x	a
DELAWARE		x	b,d,i
FLORIDA	o*		
GEORGIA		x	a,d
HAWAII	o*		
IDAHO		x	a
ILLINOIS	x		e
INDIANA		x	a,b,g
IOWA	x		
KANSAS	x		a,b,f
KENTUCKY	x		
LOUISIANA	x		b
MAINE	x		a
MARYLAND		x	a,b,e,g,j
MASSACHUSETTS		x	a
MICHIGAN		x	a,b
MINNESOTA		x	e,f,l
MISSISSIPPI	o		
MISSOURI		x	a,b
MONTANA	x		l,m
NEBRASKA	x		d,m
NEVADA		x	d,g
NEW HAMPSHIRE		x	a,b,f
NEW JERSEY		x	a,b
NEW MEXICO	o		
NEW YORK		x	g,n
NORTH CAROLINA		x	a,b
NORTH DAKOTA	x		a
OHIO	x		a,g,c
OKLAHOMA	x		a,b,d,e,f
OREGON	o		
PENNSYLVANIA		x	b,e,f,g

TABLE VI-8 Page 2 of 2

DENTAL HYGIENIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
RHODE ISLAND	x		a,h
SOUTH CAROLINA	x		
SOUTH DAKOTA		x	a,b,d
TENNESSEE	x		a,b,d,g
TEXAS		x	a
UTAH	o		
VERMONT		x	a
VIRGINIA	x		
WASHINGTON	x		a,b
WEST VIRGINIA		x	a,b
WISCONSIN		x	a,c
WYOMING		x	a,d
D.C.		x	a,g,i
PUERTO RICO	x		a

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Requirements for licensure are no less strict in previous state; i.e., proof of graduation from dental school approved by the new state's dental board, the American Dental Association or National Dental Hygiene Board; proof of a passing score on the National or Regional board exam or an equivalent exam
b 2-5 years continuous practice immediately prior to application in new state
c Must take practical exam
d Good moral character
e Personal interview
f Must take jurisprudence test
g Proof of "good standing" in previous state
h May be required to pass oral or practical test
i Must pay a fee
j Must take a physical exam
l One year of active practice immediately prior to application in new state
m Must present diploma
n Eight months out of the last 2 years of active practice immediately prior to application
o All applicants for licensure, including those transerring in from other states must take all examinations required. All requirements for applicants apply to out-of-state applicants
* If applicant has passed national board exam a waiver of state exam covering same materials shall be made

TABLE VI-9

DENTAL HYGIENIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	None	
ALASKA	None	
ARIZONA	None	
ARKANSAS	None	
CALIFORNIA	Yes	25 hours biennially
COLORADO	None	
CONNECTICUT	None	
DELAWARE	None	
FLORIDA	Yes	24-36 hours biennially
GEORGIA	None	
HAWAII	None	
IDAHO	None	
ILLINOIS	None	
INDIANA	None	
IOWA	Yes	15 hours annually
KANSAS	Yes	30 hours annually
KENTUCKY	Yes	10 points annually
LOUISIANA	None	
MAINE	None	
MARYLAND	None	
MASSACHUSETTS	Yes	20 hours biennially
MICHIGAN	None	
MINNESOTA	Yes	40 hours every 5 years
MISSISSIPPI	None	
MISSOURI	None	
MONTANA	May	
NEBRASKA	Yes	15 hours annually
NEVADA	None	
NEW HAMPSHIRE	May	
NEW JERSEY	None	
NEW MEXICO	Yes	40 hours triannually
NEW YORK	None	
NORTH CAROLINA	None	
NORTH DAKOTA	Yes	Determined by board per 5 years
OHIO	None	

TABLE VI-9

DENTAL HYGIENIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	30 hours triannually
OREGON	None	
PENNSYLVANIA	None	
RHODE ISLAND	May	
SOUTH CAROLINA	None	
SOUTH DAKOTA	Yes	10 hours every 5 years
TENNESSEE	None	
TEXAS	None	
UTAH	None	
VERMONT	None	
VIRGINIA	None	
WASHINGTON	None	
WEST VIRGINIA	None	
WISCONSIN	None	
WYOMING	May	
DISTRICT OF COLUMBIA	May	
PUERTO RICO	None	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER VII

STATE REGULATION OF DENTAL ASSISTANTS

DENTAL ASSISTANT

Type of State Regulation

Four states--California, Michigan, Puerto Rico and Vermont--license dental assistants. California and Michigan require licensure for dental assistants to be called "registered dental assistants" but allow unlicensed dental assistants to practice without using this title and perform the duties prescribed to a registered dental assistant. Although 39 states recognize dental assistants and describe a permitted scope of practice in their statutes for dental assistants, they do not require these dental assistants to be licensed in order to practice. (See Table VII-1.) Only those states which require a license to practice dental assisting will be included in this study. Since only the practice of dental assisting, not dental assisting with expanded duties (explained in the next section), is the focus of this study, the characteristics of the regulations compiled here will deal with the three states and one territory that license.

Scope of Practice

Many states have multiple categories of dental assistants, all but four unlicensed. Generally, extra training or special exams are required to qualify for these expanded duty categories. However, in some states, expanded duty recognition is based on having several years of work experience.

The following definitions of expanded duty dental assistants are examples from states which recognize a designation in addition to "dental assistants." A majority of the states include an expanded scope of practice in their laws.

Arkansas: Expanded duties - Dental Assistant

> "After passing qualifying examinations and being registered by the Board of Dental Examiners, a registered dental assistant may perform the following additional duties:
>
> (1) Monitor nitrous oxide analgesia following completion of a certified course approved by the Board of Dental Examiners.
>
> (2) Polish the crowns of teeth following scaling by a dentist or dental hygienist, under the following conditions:
>
> (a) the dental assistant performing this function must (1) have 12 months experience within the past five years as a chairside assistant, or (2) be a graduate of a dental assistant school which is accredited, or provisionally accredited, by the Council on Dental Education of the American Dental Association, or (3) be a certified dental assistant of the American Dental Assistants Association.

(b) the dental assistant performing this function must successfully complete an educational program approved by the Arkansas State Board of Dental Examiners under the direction and with the assistance of the employing dentist.

(c) upon completion of the approved educational program, the dentist must submit the name of the applicant to the Arkansas State Board of Dental Examiners. The Board or its representative must then examine the applicant, who must demonstrate adequate proficiency and competence."

California: Registered Dental Assistant in Extended Functions

"a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the Board and satisfactorily performed on an examination designated by the Board for registered dental assistant in extended function applicants."

Colorado: Auxiliary Dental Assistant

"any person not a dentist or dental hygienist licensed in Colorado who may be assigned or delegated to perform dental tasks or procedures as authorized by this article or by rules and regulations of the board."

Hawaii: Expanded Duty Dental Assistant

"one who has met the requirements of a qualified dental assistant, has received the training and experience to perform expanded duty functions under the direction and supervision of a licensed dentist."

Maryland: Qualified Dental Assistant

"any person, other than persons registered in the state as dental hygienists, employed for the purpose of assisting a dentist, who perform or assists in the performance of intraoral duties directly related to dental care and who meets the following qualifications:

A. Has current certification as a dental assistant by the American Dental Assistants Association;

B. Has satisfactorily completed a course or training program for qualifying dental assistants sponsored by the component societies of the Maryland State Dental Association, a dental school, community college, vocational school, or correspondence course offered by the Maryland State Dental Association or constituents of the American Dental Association; or,

C. Has completed not less than 1 year as a chairside dental assistant before July 1, 1971."

Minnesota: Registered Dental Assistant

"a person registered (upon) ...completion of a training program approved by the Commission on Dental Accreditation or other programs which in the judgement of the Board is equivalent. If the curriculum does not include training in the expanded duties specified..., the applicant must successfully complete a course in these functions which have been approved by the Board." "...examination of applicants for registration as dental assistants in this state shall be sufficiently thorough to test the fitness of the candidate to practice the skills that a registered dental assistant is authorized to perform."

New Hampshire: Qualified Dental Assistant

"any dental assistant...may become qualified in a specific area by successfully challenging an examination in same."

New Jersey: Registered Dental Assistant

"any person who has fulfilled the requirements for registration and has been registered by the board."

New Mexico: Certified Dental Assistant

"a person certified by the board as meeting qualifications set forth in the rules and regulations of the board..."

North Carolina: Dental Assistant II

"a dental assistant who has successfully completed an education and training program approved by the North Carolina State Board of Dental Examiners or who qualifies by experience."

Ohio: Advanced Qualified Personnel

"those persons who, under the direct supervision and full responsibility of a licensed dentist, may perform advanced remediable intraoral dental tasks and/or procedures provided they fulfill the requirements...and have passed the Ohio state dental board designated examination for advanced qualified personnel."

Oregon: Dental Assistant, Class 2

"a dental assistant who meets one or more of the following requirements:

(a) Satisfactory completion of a course approved either by the Council on Dental Education of the American Dental Association or by the Oregon State Board of Dental Examiners.

(b) Any dental assistant who has been employed as a chairside assistant for 12 months.

(c) A currently certified dental assistant (certified by the Certifying Board of the American Dental Assistants Association)."

South Carolina: Qualified Dental Assistant

"a currently certified dental assistant; or, one who has graduated from an approved course for certified dental assistants; or, one who has had continuous employment as a chairside assistant in a dental office for at least two years."

Vermont: Qualified Dental Assistant - Category IV

"one who demonstrates competence in the area of expanded responsibilities permitted by the Vermont state board of dental examiners. Her duties include those of the traditional, advanced traditional and certified dental assistant. Requirements include current certification by the verifying board of the American Dental Assistants Association and active employment for a period of one year. She must have had specific training in continuing education courses that meet the criteria established by the Vermont state board of dental examiners and must also pass an examination given by the Vermont state board of dental examiners..."

The list of allowable duties for only those dental assistants regulated to practice under state law will be included in the following tables.

These states, as well as the majority of the other states, mention the difference between direct and general supervision by the dentist when explaining the allowable duties of a dental assistant under each category. California defines these categories much like the other states although the scope under each may vary between states:

"Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures.

"General supervision" means supervision of dental practice based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.

California: Dental Assistant Duties and Settings

(a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity which represent the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

(1) Diagnosis and treatment planning;

(2) Surgical or cutting procedures on hard or soft tissue;

(3) Fitting and adjusting of correctional and prosthodontic appliances;

(4) Prescription of medicines;

(5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures.

(6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals;

(7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;

(8) Administration of injectable and/or general anesthesia and acupuncture;

(9) Oral prophylaxis procedures.

(b) A dental assistant may perform such basic supportive dental procedures as the following under the General Supervision of a licensed dentist:

(1) Extra-oral duties or functions specified by the supervising dentist;

(2) Operating of dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656 of the Code.

(c) A dental assistant may perform such basic supportive dental procedures as the following under the Direct Supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Taking of impressions for diagnostic and opposing models;

(2) Application of non-aerosol and non-caustic topical agents;

(3) Removal of post-extraction and periodontal dressings;

(4) Placement of elastic orthodontic separators;

(5) Removal of orthodontic separators;

(6) Assisting in the administration of Nitrous Oxide analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist who shall be present at

the patient's chairside at the implementation of these instructions. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency;

(7) Holding anterior matrices;

(8) Removal of sutures;

(9) Taking of intraoral measurements for orthodontic procedures;

(10) Seating of adjusted retainers or headgears, including appropriate instructions;

(11) Checking for loose bands;

(12) Removal of arch wires;

(13) Removal of ligature ties;

(14) Application of topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist;

(15) Placement and removal of rubber dams;

(16) Placing, wedging and removing of matrices.

For the purposes of this section a supervising licensed dentist is defined as the dentist whose patient is receiving the services of a dental assistant in the treatment facility and under the direct control of said licensed dentist.

(a) Unless specifically so provided by regulation, the prohibitions stated in Section 1066(a) of these regulations apply to duties performed by a registered dental assistant.

(b) A registered dental assistant may perform all functions which may be performed by a dental assistant.

(c) Under general supervision, a registered dental assistant may perform the following duties:

(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing teeth;

(2) Placement and removal of temporary sedative dressings.

(d) A registered dental assistant may perform the following procedures under the Direct Supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Obtain endodontic cultures;

(2) Dry canals, previously opened by the supervising dentist, with absorbent points;

(3) Test pulp vitality;

(4) Placing of bases and liners on sound dentin;

(5) Removal of cement excess from supragingival surfaces of teeth.

(6) Sizing of stainless steel crowns, temporary crowns and bands;

(7) Temporary cementation and removal of temporary crowns and removal of orthodontic bands;

(8) Placement of orthodontic separators;

(9) Placement and ligation of arch wires;

(10) Placement of post-extraction and periodontal dressings;

(11) Coronal polishing. (Evidence of satisfactory completion of a Board-approved course of instruction in this function must be submitted to the Board prior to any performance thereof.)

A registered dental assistant may perform this function prior to rubber dam application; placement of bands, crowns and restorations; fluoride application; acid etch procedures; or after removal of dressings and packs. This procedure shall not be intended or interpreted as an oral prophylaxis (a procedure specifically reserved to performance by a licensed dentist or dental hygienist). A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material prior to performance of coronal polishing by a registered dental assistant.

Vermont offers more of a skeletal description:

"The traditional (basic) dental assistant may perform all extraoral duties in the dental office or dental clinic which are assigned by the dentist. During intraoral procedures, the traditional dental assistant may assist the dentist or dental hygienist as directed. However, intraoral procedures which are potentially hazardous to the welfare of the recipient patient may not be independently performed by the traditional dental assistant or other dental personnel who have not received formal training. The traditional dental assistant may take radiographs under a special endorsement of his or her registration upon successful completion of a radiology course provided by an institution accredited by the Commission on Accreditation of Dental and Dental Auxiliary Programs of the American Dental Association."

Composition of State Regulatory Bodies and Functions

All four jurisdictions use a board of dentistry to regulate the dental assisting occupation. California has a committee on dental auxiliaries composed of one dental board member, a licensed dentist who is a member of the board's examining committee, a licensed dentist who is neither a board nor examining committee member, three individuals licensed as registered dental hygienists and three registered dental assistants. This body acts in an advisory capacity to the Dental Board. All the jurisdictions' boards are comprised mostly of dentists; only one state has a dental assistant on the board. See Table VII-2 for details of the boards' names and compositions.

All four jurisdictions use the board as the body which issues the license and promulgates the rules and regulations for the occupation. Three jurisdictions require approval/accreditation of the education programs by the Departments or Councils on Education. Vermont uses the accreditation of the American Dental Association. See Table VII-3.

All four jurisdictions give the power to suspend or revoke a dental assistant's license to the regulating body. The other disciplinary sanctions are listed in Table VII-4.

Three jurisdictions require an examination given by the board; only Michigan requires an additional oral examination. The others may or may not substitute a practical or verbal exam for the written exam. See Table VII-5.

Requirements for Licensure

All four states require that the applicant be a graduate of a course of study in dental assisting. Three states require an apprenticeship before licensure and Puerto Rico stipulates a minimum age and proof of good moral character. Table VII-6 gives further details.

Fee Schedule

Table VII-7 sets out a listing of five fee requirements for applicants.

Interstate Recognition of Credentials

Only California endorses the license of dental assistants from other states, and only Puerto Rico requires a reciprocal arrangement with other states before a license is recognized. Details are given in Table VII-8.

Continuing Education Requirements

Only California requires continuing education for renewal of the state credential. (See Table VII-9).

TABLE VII-1

DENTAL ASSISTANT

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
CALIFORNIA	Licensure (a)	1753 of Dental Practice Act
MICHIGAN	Licensure (a)	333.1611
VERMONT	Licensure	13-863.5
PUERTO RICO	Licensure	94j et seq.

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Applicant must be licensed to operate as a "registered dental assistant"

TABLE VII-2

DENTAL ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
CALIFORNIA	Bd. of Dental Examiners	0	4	8[a]	12
	Cmte. on Dental Auxiliaries	3	0	6[b]	9
MICHIGAN	Bd. of Dentistry	1	2	9[c]	13
VERMONT	Bd. of Dental Examiners	0	2	7[d]	9
PUERTO RICO	Bd. of Dental Examiners	0	0	5[a]	5

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a All others are dentists
b Three others are dental hygienists and three are dentists
c One of the other members is a dental hygienist and seven are dentists
d Five are dentists and two are dental hygienists

TABLE VII-3

DENTAL ASSISTANT

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
CALIFORNIA	Board	Board/Dept. of Education	Board
MICHIGAN	Board	Department	Board
VERMONT	Board	ADA	Board
PUERTO RICO	Board	Council on Higher Education	Board

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VII-4

DENTAL ASSISTANT

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS- PEND	RE- VOKE	RESTRICT LICENSE	CEN- SURE	REPRI- MAND	PRO- BATE	FINE	OTHER
CALIFORNIA	x	x	x		x	x		a
MICHIGAN	x	x	x		x	x	x	
VERMONT	x	x						
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Board can require additional training or continuing education

TABLE VII-5

DENTAL ASSISTANT

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
CALIFORNIA	Board/a		
MICHIGAN	Board	Yes	
VERMONT	b		
PUERTO RICO	Board/a		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Board has the decision on what type of examination is given; one type may be substituted for another
b No examination required by laws

TABLE VII-6

DENTAL ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	APPRENTICE	U.S. CITI-CITIZENSHIP	STATE RESIDENCY
CALIFORNIA	a or c				18 mos/b		
MICHIGAN	a				2 yrs/b		
VERMONT	a				6 mos/b		
PUERTO RICO	a	GMC*		18			

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a	Graduate of an approved training course
b	In substitution for approved program
c	Graduate of a secondary training institution, regional occupational center, or regional occupational training program not approved by the board pursuant to the applicant's passing of an eaxamination required by the board or to the approval of a specific program within a school

* GMC = "good moral character"

TABLE VII-7

DENTAL ASSISTANT

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
CALIFORNIA	$20*	$30*/$50+	$30*		$25	
MICHIGAN		$25	$5/Ann.		$5	
VERMONT	$5*					
PUERTO RICO	$3	$2	$2/4yrs.			

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* not to exceed
+ clinical exam fee

TABLE VII-8

DENTAL ASSISTANT

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
CALIFORNIA		x	Credentials
MICHIGAN	No	No	
VERMONT	No	No	
PUERTO RICO	x		

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VII-9

DENTAL ASSISTANT

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
CALIFORNIA	Yes	25 units/biennially
MICHIGAN	No	
VERMONT	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER VIII

STATE REGULATION OF DENTURISTS

DENTURIST

Type of State Regulation

There are six states that regulate the practice of denturism; three states license denturists and two states certify them. In the sixth state (Colorado) denturists are recognized under the law and are permitted to provide full dentures under the direct supervision of a dentist but no license is required to practice. A few states, such as Kentucky and Washington, are now considering laws to regulate denturists; others, such as Michigan, have declared the practice of denturism illegal. (See Table VIII-1.)

Scope of Practice

The National Denturist Association has developed a Model Practice Act for denturists. All the states except Colorado, listed as regulating denturists follow closely this Model Act's description of Scope of Practice.

The Model Practice Act describes the "practice of denturism" as: (1) the making, fitting, constructing, altering, reproducing or repairing of a denture and furnishing or supplying of a denture directly to a person or advising the use of a denture; or (2) the taking or making or the giving of advice, assistance, or facilities respecting the taking or making of any impression, bite, cast, or design preparatory to or for the purpose of making, constructing, fitting, furnishing, supplying, altering, repairing, or reproducing a denture.

Composition of State Regulatory Bodies and Functions

In three out of the six states the state board of dental examiners is the regulating body. Two states have created state boards of denturitry and one state regulates through the Health Division of the Department of Human Resources. Four states also have created peer or advisory committees made up of denturists, or denturists plus dentists and public members. All but one state have dentists on their boards. All states require public members on their boards. (See Table VIII-2.)

Every state, except one, gives the board the power to issue the license and promulgate rules or regulations. Oregon reserves these powers to the Health Division. Powers to approve and accredit educational programs are given to the board in three states, delegated to the American Dental Association in two states and, again, given to the Health Division in Oregon. (See Table VIII-3.)

All of the states give the regulating body the authority to suspend or revoke a license. Other disciplinary powers given to each regulatory body are listed in Table VIII-4.

Examination criteria have not been developed in Colorado, but all of the other states delegate to their regulating bodies the authority to develop a written examination. Two states administer oral exams while one state gives the board the option of administering one. A practical exam is given in four states. See Table VIII-5 for complete information.

Requirements for Licensure

Educational requirements have been established for all the states except Colorado, but no state has a full educational program available. See Table VIII-6 for complete initial requirements for license applicants.

Fee Schedule

Table VIII-7 gives information on fees for licensure application, examination and other categories regarding denturists.

Interstate Recognition of Credentials

Two of the six states require a reciprocity agreement for the licensure of denturists from other states and one state endorses the license of denturists from other states. Conditions for reciprocity or endorsement are listed in Table VIII-8.

(Additional information taken from the National Denturists Association, 9-11-85. B. Benedetto, Executive Director)

Continuing Education Requirements

Only two states require continuing education for denturists. Table VIII-9 shows the extent of education required in the six states.

TABLE VIII-1

DENTURIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ARIZONA	Certification	ARS 32-1293
COLORADO	*	
IDAHO	Licensure	Ch. 33 Title 54-3304
MAINE	Licensure	1100 of Rules & Regulations
MONTANA	Licensure[a]	Sect. 3-1 of Rules & Regulations
OREGON	Certification	680.505

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Denturists are recognized under the law and are permitted to provide full dentures under the direct supervision of a dentist. No license is necessary

a Rules to date have not been adopted

TABLE VIII-2

DENTURIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ARIZONA	Board of Dental Examiners	0	3	6b/c	9
COLORADO	Board of Dental Examiners	2	1	5a	8
IDAHO	State Board of Denturitry	3	2	c	5
MAINE	Board of Dental Examiners	0	1	6/b	7
MONTANA	State Board of Denturitry	2	2	1a/c	5
OREGON	Dept. of Human Resources/Health Div.	d			

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a. All other members are dentists
b. The other members are 5 dentists and 1 dental hygienist
c. Peer or advisory committee consists of licensed or certified denturists
d. Peer or advisory committee consists of 2 denturists, 2 dentists, and 3 public members

TABLE VIII-3

DENTURIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ARIZONA	Board	Board	Board
COLORADO	Board	ADA	Board
IDAHO	Board	ADA	Board
MAINE	Board	Board	Board
MONTANTA	Board	Board	Board
OREGON	Division	Division	Division

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

ADA - American Dental Association

TABLE VIII-4

DENTURIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
ARIZONA	x	x		x		x		
COLORADO	x	x		x	x	x		
IDAHO	x	x		x	x	x	x	
MAINE	x	x						
MONTANA	x	x						
OREGON	x	x		x	x	x		

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VIII-5

DENTURIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ARIZONA	Board		Yes
COLORADO	None		
IDAHO	Board	Yes	Yes
MAINE	Board		
MONTANTA	Board	Yes	Yes
OREGON	Div. of Health	May	Yes

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VIII-6

DENTURISTS

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERN-SHIP	APPREN-TICESHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ARIZONA	a*	c					
COLORADO	None est.						
IDAHO	a*		2 yrs.			Yes	
MAINE	b*				19		
MONTANA	a*		2 yrs.			6 mos.	
OREGON	b*			2 yrs. or d			

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Graduate of an accredited or approved program of denturity
b Application must possess 2 years of training in denture technology from a national r regional accrediting agency accredited program
c Applicant must be of good moral character
d 4,000 hours of practical experience plus a 6 month approved training course

* Full educational program is not available

TABLE VIII-7

DENTURIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ARIZONA	a	$150	$55-225/Tri	$25		
COLORADO	c					
IDAHO	b	$200	$200/Ann		$10	
MAINE		$35	$35*/Bi		$15	$50
MONTANA	$200/b	$200	$200/Ann		$50	
OREGON		$250	$150/Ann		$50	

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Fee is not to exceed this amount
a There is an initial license fee which is one-third of the renewal fee
b There is an initial license fee of $200
c No fees required

Ann - Annual
Bi - Biennial
Tri - Triannual

TABLE VIII-8

DENTURIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
ARIZONA	a		
COLORADO	a		
IDAHO		x	b
MAINE	x		c
MONTANA	x		d
OREGON	a		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a No provision for reciprocity or endorsement in laws
b Three years previous practice under licensure from another state or Canada immediately prior to application
c Proof of licensure in a state or Canada where licensure requirements are at least equal to the requirements of this state
d Five years previous practice under licensure from another state or Canada immediately prior to application

TABLE VIII-9

DENTURIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ARIZONA	None	
COLORADO	None	
IDAHO	Yes	24 hours biennially
MAINE	None	
MONTANA	Yes	At least 12 hours annually
OREGON	None	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER IX

STATE REGULATION OF ALLOPATHIC PHYSICIANS

ALLOPATHIC PHYSICIAN

Type of State Regulation

All 50 states, plus the District of Columbia and Puerto Rico regulate physicians through licensure. (See Table IX-1.)

Scope of Practice

Scope of practice of physicians is defined differently in states' licensing statutes. Every state grants unlimited practice rights. Two examples of typical state descriptions of physicians' scopes of practice are from New York, and North Dakota. New York presents a short-form: "The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity, or physical condition."

North Dakota describes the practice in a longer form.

> "Practice of medicine" shall include the practice of medicine, surgery, and obstetrics. The following persons shall be regarded as practicing medicine:
>
> a. One who holds himself out to the public as being engaged within this state in the diagnosis or treatment of diseases or injuries of human beings.
>
> b. One who suggests, recommends, or prescribes any form of treatment for the intended relief or cure of any physical or mental ailment of any person, with the intention of receiving, directly or indirectly, any fee, gift, or compensation.
>
> c. One who maintains an office for the examination or treatment of persons afflicted with disease or injury of the body or mind.
>
> d. One who attaches the title M.D., surgeon, doctor, D.O., osteopathic physician and surgeon or any other similar word or words or abbreviation to his name, indicating that he is engaged in the treatment or diagnosis of the diseases or injuries of human beings shall be held to be engaged in the practice of medicine.

Although the forms are different, the actual "limitations" are the same. All other states follow a similar format to one of these two descriptions. No state puts any greater limitations on the practice of physicians.

Composition of State Regulatory Bodies and Functions

All 50 states plus Puerto Rico use a board of medical licensure to regulate the practice of physicians. Thirty-five of the states or territories have composite boards of allopathic and osteopathic physicians. The remainder of the states have independent allopathic as well as osteopathic boards for their respective professions. The

District of Columbia uses a Commission on Licensure to Practice the Healing Arts. Every jurisdiction has physicians sitting on their boards. A majority of states (37) include public members on their boards. See Table IX-2 for further details.

All states but three give the board power to issue the physicians' license and all states but four give the board the duty of promulgating rules and regulations.

All states give the regulating body the power to suspend or revoke a physician's license. A vast majority of states (33) have the power to put the physician on probation, while a smaller number (31) may reprimand. The various disciplinary sanctions are listed in Table IX-4.

All 50 states, plus Puerto Rico and the District of Columbia now utilize the FLEX (Federation Licensing Exam) to examine applicants for licensure. Puerto Rico also endorses scores from both the National Board of Medical Examiners and the FLEX for licensing purposes. The FLEX is a standardized, objective, multiple-choice comprehensive examination designed to test knowledge and ability in the basic medical sciences and the clinical sciences and competence in patient management.* See Table IX-5 for more information.

Requirements For Licensure

All 50 states, plus the District of Columbia and Puerto Rico require that a physician complete a course of study in medicine. Every jurisdiction but four requires a minimum of a one-year internship, and a majority of states stipulate that the applicant be of "good moral character." For more information see Table IX-6.

Fee Schedule

Table IX-7 describes the fee for licensure application, renewal and other categories regarding physicians.

Interstate Recognition of Requirements

The vast majority of states (42) endorse the licensure of physicians from other states. A few states (10) require a reciprocal arrangement with the other states before the license is recognized. See Table IX-8 for the conditions necessary for reciprocity or endorsement.

Continuing Education Requirements

Approximately half of the states require that the physician take continuing education courses for license renewal. Of these, five states grant statutory authority for continuing education requirements but no specific provisions have yet been adopted. Table IX-9 sets out which states require continuing education and the extent of the education requirements.

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* U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985, American Medical Association. 1986.

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TABLE IX-1

ALLOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	34-24-51
ALASKA	Licensure	ASA 08-64-170
ARIZONA	Licensure	32-1421 et seq
ARKANSAS	Licensure	72-601
CALIFORNIA	Licensure	1303
COLORADO	Licensure	12-36-106(2)
CONNECTICUT	Licensure	20-10 et seq
DELAWARE	Licensure	24 DC Ch 17
FLORIDA	Licensure	458.301 et seq
GEORGIA	Licensure	43-34-26
HAWAII	Licensure	HRS 453-2
IDAHO	Licensure	54-1803
ILLINOIS	Licensure	111 IRS 4403
INDIANA	Licensure	25-22.5-1-1.1 et seq
IOWA	Licensure	147.2
KANSAS	Licensure	KSA 65-2803
KENTUCKY	Licensure	KRS 311.560
LOUISIANA	Licensure	LRS 37:1271
MAINE	Licensure	3270
MARYLAND	Licensure	14-301
MASSACHUSETTS	Licensure	M.G.L. Ch 13 Sect. 10
MICHIGAN	Licensure	17011
MINNESOTA	Licensure	147.01 et seq
MISSISSIPPI	Licensure	73-25-1
MISSOURI	Licensure	334.010
MONTANA	Licensure	37-3-301
NEBRASKA	Licensure	71-102
NEVADA	Licensure	630.150
NEW HAMPSHIRE	Licensure	329:1 et seq
NEW JERSEY	Licensure	45:9-6
NEW MEXICO	Licensure	61-6-18
NEW YORK	Licensure	6522
NORTH CAROLINA	Licensure	90-1 et seq
NORTH DAKOTA	Licensure	NDCC 43-17-16
OHIO	Licensure	47-31, 34 Ohio Revised Code

TABLE IX-1

ALLOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 491
OREGON	Licensure	ORS 677.010 et seq
PENNSYLVANIA	Licensure	63 PS 421.3
RHODE ISLAND	Licensure	5-37-1 et seq
SOUTH CAROLINA	Licensure	40-47-10- et seq
SOUTH DAKOTA	Licensure	36-4-8
TENNESSEE	Licensure	63-6-101
TEXAS	Licensure	Medical Practice Act
UTAH	Licensure	58-12-30
VERMONT	Licensure	26 VSA 1314
VIRGINIA	Licensure	VC 54-274
WASHINGTON	Licensure	18-71-020
WEST VIRGINIA	Licensure	30-3-10
WISCONSIN	Licensure	448.03
WYOMING	Licensure	33-26-101 et seq
DISTRICT OF COLUMBIA	Licensure	DCA 2-1302
PUERTO RICO	Licensure	Act 11

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE IX-2

ALLOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Medical Examiners	10	0	0	10
ALASKA	State Medical Board	5	2	0	7
ARIZONA	Board of Medical Examiners	9	2	1[a]	12
ARKANSAS	State Medical Board	9	0	0	9
CALIFORNIA	Board of Medical Quality Assurance	12	7	0	19
COLORADO	State Board of Medical Examiners	7	2	2[b]	11
CONNECTICUT	Medical Examining Board	6	3	0	9
DELAWARE	Board of Medical Practice	10	2	1[b]	13
FLORIDA	Board of Medical Examiners	9	2	0	11
GEORGIA	Composite State Board of Med. Exam.	10	1	2[b]	13
HAWAI.	Board of Medical Examiners	7	2	0	9
IDAHO	State Board of Medicine	6	0	2[b,c]	8
ILLINOIS	Medical Examining Committee	5	0	2[b,d]	7
INDIANA	Medical Licensing Board	5	1	1[b]	7
IOWA	State Board of Medical Examiners	5	2	2[b]	9
KANSAS	State Board of Healing Arts	5	1	7[e]	13
KENTUCKY	Board of Medical Licensure	5	1	1[b]	7
LOUISIANA	State Board of Medical Examiners	7	0	0	7
MAINE	Board of Registration in Medicine	7	2	0	9
MARYLAND	Board of Medical Examiners	8	2	0	10
MASSACHUSETTS	Board of Registration in Medicine	5	2	0	7
MICHIGAN	Board of Medicine	10	3	1[f]	14

TABLE IX-2

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ALLOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MINNESOTA	Board of Medical Examiners	7	3	1[b]	11
MISSISSIPPI	State Board of Medical Licensure	9	0	0	9
MISSOURI	State Board of Registration for the Healing Arts	5	1	2[b]	8
MONTANA	State Board of Medical Examiners	6	2	1[o]	9
NEBRASKA	State Board of Examiners in Medicine and Surgery	5	1	1[b]	7
NEVADA	State Board of Medical Examiners	5	2	0	7
NEW HAMPSHIRE	Board of Registration in Medicine	3	1	1[g]	5
NEW JERSEY	Board of Medical Examiners	9	1	5[h]	15
NEW MEXICO	State Board of Medical Examiners	5	0	1[a]	6
NEW YORK	State Board for Medicine	18[i]	0	2[b]	20
NORTH CAROLINA	Board of Medical Examiners	7	1	0	8
NORTH DAKOTA	Board of Medical Examainers	9	0	1[b]	10
OHIO	State Medical Board	7	2	2[n]	11
OKLAHOMA	State Board of Medical Examiners	7	1	0	8
OREGON	Board of Medical Examiners	6	1	1[b]	8
PENNSYLVANIA	State Board of Medical Education	5	2	3[j]	10
RHODE ISLAND	Board of Examiners in Medicine	3	0	0	3
SOUTH CAROLINA	State Board of Medical Examiners	8	1	1[b]	10
SOUTH DAKOTA	State Board of Medical Examiners	4	1	1[b]	6
TENNESSEE	State Board of Medical Examiners	5	0	0	5
TEXAS	State Board of Medical Examiners	9	3	3[b]	15

TABLE IX-2 Page 3 of 3

ALLOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
UTAH	Physician's Licensing Board	6	1	0	7
VERMONT	State Board of Medical Practice	5	2	0	7
VIRGINIA	State Board of Medicine	10P	0	4[k]	14
WASHINGTON	State Board of Medical Examiners	6	1	0	7
WEST VIRGINIA	Board of Medicine	8	3	4[l]	15
WISCONSIN	Medical Examining Board	7	1	1[b]	9
WYOMING	State Board of Medical Examiners	5	0	1[b]	6
D.C.	Commission on Licensure to Practice the Healing Arts	7	3	1[m]	11
PUERTO RICO	Board of Medical Examiners	9	0	0	9

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Licensed Professional Nurse
b Doctor of Osteopathy
c Director of the Department of Law Enforcement
d Doctor of Chiropractic
e Three Doctors of Osteopathy, three Doctors of Chiropractic and one Podiatrist
f Physician's Assistant
g Paramedic
h Doctor of Chiropractic, Podiatrist, Doctor of Osteopathy, Bio-Analytical Laboratory Director, and Executive Department designee
i Not less than
j One allied health science practitioner, the Commissioner of Professional and Occupational Affairs and one Secretary of Health
k One Doctor of Osteopathy, one Podiatrist, one Doctor of Chiropractic and one Clinical Psychologist
l One physician's assistant, two Podiatrists and one Director of Health (Ex officio)
m Director of the Department of Human Services
n One Doctor of Osteopathy and one Doctor of Podiatric Medicine
o One Podiatrist
p One physician from each Congressional District

TABLE IX-3

ALLOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
ALABAMA	Board	Board
ALASKA	Board	Board
ARIZONA	Board	Board
ARKANSAS	Board	Board
CALIFORNIA	Board (a)	Board (b)
COLORADO	Board	Board
CONNECTICUT	Board	(c)
DELAWARE	Board	Board
FLORIDA	Dept. of Prof. Regulation	Board
GEORGIA	Board	Board
HAWAII	Board	Board
IDAHO	Board	Board
ILLINOIS	Dept. of Reg. & Education	Dept.
INDIANA	Board	Board
IOWA	Board	Board
KANSAS	Board	Board
KENTUCKY	Board	Board
LOUISIANA	Board	Board
MAINE	Board	Board
MARYLAND	Board	Board
MASSACHUSETTS	Board	Board
MICHIGAN	Board	Board
MINNESOTA	Board	Board
MISSISSIPPI	Board	Board
MISSOURI	Board	Board
MONTANA	Board	Board
NEBRASKA	Dept. of Health	Dept.
NEVADA	Board	Board
NEW HAMPSHIRE	Board	Board
NEW JERSEY	Board	Board
NEW MEXICO	Board	Board
NEW YORK	Board	Commr. of Health
NORTH CAROLINA	Board	Board
NORTH DAKOTA	Board	Board
OHIO	Board	Board

TABLE IX-3

ALLOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board
OREGON	Board	Board
PENNSYLVANIA	Board	Board
RHODE ISLAND	Board	Board
SOUTH CAROLINA	Board	Board
SOUTH DAKOTA	Board	Board
TENNESSEE	Board	Board
TEXAS	Board	Board
UTAH	Board	Board
VERMONT	Board	Board
VIRGINIA	Board	Board
WASHINGTON	Board	Board
WEST VIRGINIA	Board	Board
WISCONSIN	Board	Board
WYOMING	Board	Board
D.C.	Commr. of Public Health	Board
PUERTO RICO	Board	Board

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Division of Licensing
b Handled separately by divisions (Medical Quality, Licensing and Allied Health Professions)
c Commissioner of Health Services with advice and assistance from the board

TABLE IX-4 Page 1 of 2

ALLOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	X	X						
ALASKA	X	X	X	X	X	X		
ARIZONA	X	X	X	X		X		a
ARKANSAS	X	X				X		
CALIFORNIA	X	X			X	X		b
COLORADO	X	X	X	X		X		c
CONNECTICUT	X	X	X	X	X	X	X	X
DELAWARE	X	X	X	X	X	X	X	
FLORIDA	X	X	X		X	X	$1,000d	
GEORGIA	X	X	X		X	X		e
HAWAII	X	X	X			X		f
IDAHO	X	X	X		X	X		
ILLINOIS	X	X	X			X		
INDIANA	X	X	X	X	X	X		
IOWA	X	X	X		X	X	$1,000	e,f
KANSAS	X	X	X					
KENTUCKY	X	X	X		X	X		
LOUISIANA	X	X	X	X	X	X		
MAINE	X	X				X		
MARYLAND	X	X			X	X		g
MASSACHUSETTS	X	X	X	X	X	X		
MICHIGAN	X	X	X		X	X		
MINNESOTA	X	X	X	X				
MISSISSIPPI	X	X	X		X	X		e,f,h
MISSOURI	X	X	X		X			e
MONTANA	X	X				X		b
NEBRASKA	X	X	X	X	X	X		
NEVADA	X	X	X		X	X		
NEW HAMPSHIRE	X	X	X		X			e,f,h
NEW JERSEY	X	X					$200	
NEW MEXICO	X	X	X	X	X	X	X	
NEW YORK	X	X		X	X		$500	
NORTH CAROLINA	X	X						
NORTH DAKOTA	X	X		X	X	X		
OHIO	X	X		X	X	X	X	

TABLE IX-4

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ALLOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	X	X						
OREGON	X	X	X			X	$5,000	
PENNSYLVANIA	X	X	X		X	X		e
RHODE ISLAND	X	X						
SOUTH CAROLINA	X	X	X		X			b
SOUTH DAKOTA	X	X						
TENNESSEE	X	X	X		X			j
TEXAS	X	X	X		X	X		e,f,h,i
UTAH	X	X						
VERMONT	X	X	X		X			b
VIRGINIA	X	X		X	X	X		
WASHINGTON	X	X						b
WEST VIRGINIA	X	X	X		X	X		e
WISCONSIN	X	X	X		X			
WYOMING	X	X	X					b
D.C.	X	X	X	X	X	X	$5,000	
PUERTO RICO	X	X		X		X		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a	File a letter of concern
b	Other action as deemed proper
c	A letter of admonition
d	Per each count or offense
e	Submit to care, counseling or treatment
f	Require further education
g	Commission on Medical Discipline of Maryland
h	Practice under supervision
i	Public service
j	Submit to mental or physical examination

X Means the board is given this power in law

TABLE IX-5

Page 1 of 2

ALLOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED*	ORAL	PRACTICAL
ALABAMA	Flex		
ALASKA	Flex	Yes	
ARIZONA	Flex	Yes	
ARKANSAS	Flex		
CALIFORNIA	Flex	May	May
COLORADO	Flex		
CONNECTICUT	Flex		
DELAWARE	Flex		
FLORIDA	Flex		
GEORGIA	Flex		
HAWAII	Flex		
IDAHO	Flex	b	
ILLINOIS	Flex		
INDIANA	Flex		
IOWA	Flex	b	May
KANSAS	Flex		
KENTUCKY	Flex		
LOUISIANA	Flex		
MAINE	Flex	Yes	
MARYLAND	Flex		
MASSACHUSETTS	Flex		
MICHIGAN	Flex		
MINNESOTA	Flex		
MISSISSIPPI	Flex		
MISSOURI	Flex		
MONTANA	Flex	b	
NEBRASKA	Flex		
NEVADA	Flex		
NEW HAMPSHIRE	Flex	b	
NEW JERSEY	Flex		
NEW MEXICO	Flex		
NEW YORK	Flex		
NORTH CAROLINA	Flex		
NORTH DAKOTA	Flex		
OHIO	Flex		

TABLE IX-5

ALLOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED*	ORAL	PRACTICAL
OKLAHOMA	Flex		
OREGON	Flex		
PENNSYLVANIA	Flex		
RHODE ISLAND	Flex		
SOUTH CAROLINA	Flex		
SOUTH DAKOTA	Flex		
TENNESSEE	Flex		May
TEXAS	Flex		
UTAH	Flex		
VERMONT	Flex	b	
VIRGINIA	Flex		
WASHINGTON	Flex		
WEST VIRGINIA	Flex	b	
WISCONSIN	Flex	Yes	
WYOMING	Flex		
D.C.	Flex		
PUERTO RICO	a		

*Source: U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985, American Medical Association. 1986.

Key:

FLEX = Federation Licensing Exam

a Recognizes scores from either the National Board of Medical Examiners or Federation Licensing Exam (Flex)
b Interview required

Blank spaces mean no requirement is listed in law

TABLE IX-6 Page 1 of 2

ALLOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a		1 yr.			
ALASKA	a		1 yr.		yes	
ARIZONA	a	b	1 yr.			
ARKANSAS	a	GMC	1 yr.	21	yes	
CALIFORNIA	a		1 yr.			
COLORADO	a	GMC	1 yr.	21		
CONNECTICUT	a		2 yrs.			
DELAWARE	a	GMC	1 yr.			
FLORIDA	a		1 yr.			
GEORGIA	a	GMC	1 yr.			
HAWAII	a		1 yr.			
IDAHO	a	GMC	1 yr.			
ILLINOIS	a	GMC	1 yr.	21		
INDIANA	a	b	1 yr.			
IOWA	a		1 yr.			
KANSAS	a	GMC	1 yr.	legal age		
KENTUCKY	a		1 yr.			
LOUISIANA	a	GMC	None	21	yes	
MAINE	a		2 yrs.			
MARYLAND	a	GMC	1 yr.	18		
MASSACHUSETTS	e		1 yr.	18		
MICHIGAN	a	GMC	1 yr.	18		
MINNESOTA	a	GMC	1 yr.			
MISSISSIPPI	a	GMC	1 yr.	21		c
MISSOURI	a	GMC	None			
MONTANA	a	GMC	1 yr.			
NEBRASKA	a		1 yr.			
NEVADA	a	GMC	1 yr.		yes	
NEW HAMPSHIRE	a	GMC	2 yrs.	18		
NEW JERSEY	a	GMC	1 yr.	21		
NEW MEXICO	a	GMC	1 yr.			
NEW YORK	a	GMC	1 yr.	21		
NORTH CAROLINA	a	GMC	1 yr.		yes/d	
NORTH DAKOTA	a		1 yr.	18		
OHIO	a		None			

TABLE IX-6 Page 2 of 2

ALLOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a	GMC	1 yr.			
OREGON	a	GMC	1 yr.			
PENNSYLVANIA	a	GMC	1 yr.	legal age		
RHODE ISLAND	a	GMC	1 yr.		yes	
SOUTH CAROLINA	a	GMC	1 yr.	21		
SOUTH DAKOTA	a	GMC	1 yr.	18	yes	
TENNESSEE	a	GMC	None		yes	
TEXAS	a	GMC	1 yr.	21		
UTAH	a	GMC	1 yr.	21	yes	
VERMONT	a	GMC	1 yr.	18		
VIRGINIA	a	GMC	1 yr.	18		
WASHINGTON	a	GMC	1 yr.			
WEST VIRGINIA	a	GMC	1 yr.			
WISCONSIN	a		1 yr.			
WYOMING	a		1 yr.			
D.C.	a	GMC	1 yr.	18		
PUERTO RICO	a		1 yr.	legal age	6 mos.	

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. U.S. Medical Licensure Statistics (1984) and Licensure Requirements (1985), American Medical Association, Chicago, Illinois 1986

Key:

GMC = Good Moral Character
a Graduate of an approved college of medicine
b Applicant must have committed no disciplinary violation
c Residency established within 1 year before application
d Accepts citizenship from Canada
e. Four years of not less than 32 weeks each in a legally chartered medical school

Blank spaces mean no requirement is listed in law

TABLE IX-7

Page 1 of 2

ALLOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL*	TEMPORARY	DUPLICATE	RECIPROCAL*
ALABAMA	175	200	50/Ann			175
ALASKA	50	200	600/4 yrs.	50		200
ARIZONA		350	150/Ann	50	50	350
ARKANSAS		225	25/Ann	50		250
CALIFORNIA	100	473	200/Bi(a)		10	100
COLORADO		300	78/Bi			197
CONNECTICUT		150	160/Ann	150		150
DELAWARE		390	30/Bi			150
FLORIDA	50	350	100/Bi	100		350
GEORGIA		330	50/Bi		10	200
HAWAII		350	190/Bi	75		125
IDAHO	200	225	75/Ann	75		225
ILLINOIS		282	105/Tri			175
INDIANA		315	40/Bi			200
IOWA		350	100/Ann	150	10	200
KANSAS	150	265	50/Ann	30	15	130
KENTUCKY	150	350	65/Ann	50	10	150
LOUISIANA		390	50/Ann			200
MAINE	100	100	75/Bi	50		125
MARYLAND		300	50/Bi			200
MASSACHUSETTS		275	100/Bi			150
MICHIGAN	165	165	120/Tri	30		105
MINNESOTA		400	40/Ann			100
MISSISSIPPI	35.25	350	40/Ann			200
MISSOURI		250	30/Ann	30		250
MONTANA	100	340	35/Ann	25		100
NEBRASKA		350	20/Ann			200
NEVADA	200	440	300/Bi	50		200
NEW HAMPSHIRE		150	50/Ann			150
NEW JERSEY		300	80/Bi			150
NEW MEXICO		300	30/Ann			200
NEW YORK	100	280	120/Tri			205
NORTH CAROLINA	200	400	50/Bi	100		100
NORTH DAKOTA	100	400	60/Ann	100		150
OHIO		160	100/Bi			185

TABLE IX-7

Page 2 of 2

ALLOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL*	TEMPORARY	DUPLICATE	RECIPROCAL*
OKLAHOMA	250	490	100/Ann		15	300
OREGON	200	540	85/Ann		15	200
PENNSYLVANIA		275	50/Bi	10		100
RHODE ISLAND		150	50/Ann			150
SOUTH CAROLINA		400	60/Ann			300
SOUTH DAKOTA		400	25/Ann			100
TENNESSEE	100	300	35/Ann			175
TEXAS		400	36/Ann	50	45	600
UTAH		250	50/Bi			100
VERMONT	105	200	50/Ann			105
VIRGINIA		500	50/Bi		25	225
WASHINGTON	75	125	60/Ann		5	75
WEST VIRGINIA		250	50/Bi			150
WISCONSIN	50	240	82/Bi		5	40
WYOMING		300	40/Ann			100
D.C.		210	120/Bi			200
PUERTO RICO		50	50/Tri		50	50

*Source: U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985. American Medical Association. 1986.

Key:

a Initial License is $200

Blank spaces mean no fee levels are listed in the statutes or regulations.

TABLE IX-8 Page 1 of 2

ALLOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	Endorsement	a
ALASKA	Endorsement	a,b
ARIZONA	Endorsement	a
ARKANSAS	Endorsement	a
CALIFORNIA	Endorsement	a
COLORADO	Reciprocity	a
CONNECTICUT	Endorsement	a
DELAWARE	Reciprocity	a
FLORIDA	Endorsement	a,c
GEORGIA	Reciprocity	a
HAWAII	Endorsement	a
IDAHO	Endorsement	a,b
ILLINOIS	Reciprocity	a
INDIANA	Endorsement	a
IOWA	Reciprocity	a
KANSAS	Endorsement	a,d
KENTUCKY	Endorsement	a
LOUISIANA	Endorsement	a
MAINE	Endorsement	a
MARYLAND	Reciprocity	a
MASSACHUSETTS	Endorsement	a
MICHIGAN	Endorsement	a,e
MINNESOTA	Endorsement	a,f
MISSISSIPPI	Endorsement	a,b
MISSOURI	Endorsement	a
MONTANA	Endorsement	a
NEBRASKA	Endorsement	a,g
NEVADA	Endorsement	a
NEW HAMPSHIRE	Endorsement	a
NEW JERSEY	Endorsement	a
NEW MEXICO	Endorsement	a
NEW YORK	Endorsement	a
NORTH CAROLINA	Endorsement	a,b
NORTH DAKOTA	Endorsement	a
OHIO	Endorsement	a

TABLE IX-8

ALLOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	Endorsement	a,g
OREGON	Endorsement	a,c
PENNSYLVANIA	Endorsement	a,c
RHODE ISLAND	Reciprocity	a,c
SOUTH CAROLINA	Endorsement	a
SOUTH DAKOTA	Endorsement	a,c
TENNESSEE	Reciprocity	a
TEXAS	Endorsement	a,h
UTAH	Endorsement	a
VERMONT	Reciprocity	a
VIRGINIA	Endorsement	a
WASHINGTON	Endorsement	a
WEST VIRGINIA	Endorsement	a
WISCONSIN	Endorsement	a
WYOMING	Reciprocity	a
DISTRICT OF COLUMBIA	Endorsement	a,e
PUERTO RICO	Endorsement	a

Source: HPLIS/Council of State Governments; December 31,1985

Key:

a Applicant must hold license by exam from other states having the same or higher standards
b Personal interview required
c Board may require an oral exam
d Must be in active practice in previous state
e Proof of good standing in previous state
f Five years active practice immediately prior to application
g Fee
h Must take jurisprudence test

TABLE IX-9

Page 1 of 2

ALLOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	Yes	17 hrs/Ann
ARIZONA	Yes	20 hrs/Ann
ARKANSAS	a	
CALIFORNIA	Yes	25 hrs/Ann
COLORADO	No	
CONNECTICUT	No	
DELAWARE	No	
FLORIDA	Yes	60 hrs/Tri
GEORGIA	No	
HAWAII	Yes	50 hrs/Ann
IDAHO	No	
ILLINOIS	a	
INDIANA	No	
IOWA	Yes	40 hrs/Bi
KANSAS	Yes	150 hrs/Tri
KENTUCKY	a	
LOUISIANA	No	
MAINE	Yes	50 hrs/Ann
MARYLAND	Yes	100 hrs/Bi
MASSACHUSETTS	Yes	100 hrs/Bi
MICHIGAN	Yes	150 hrs/Tri
MINNESOTA	Yes	75 hrs/Tri
MISSISSIPPI	No	
MISSOURI	No	
MONTANA	No	
NEBRASKA	a	
NEVADA	a	
NEW HAMPSHIRE	Yes	150 hrs/Tri
NEW JERSEY	No	
NEW MEXICO	Yes	75 hrs/Tri
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA	No	
OHIO	Yes	100 hrs/Bi

TABLE IX-9

ALLOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	No	
OREGON	No	
PENNSYLVANIA	No	
RHODE ISLAND	Yes	60 hrs/Tri
SOUTH CAROLINA	No	
SOUTH DAKOTA	No	
TENNESSEE	No	
TEXAS	No	
UTAH	Yes	75 hrs/Tri
VERMONT	No	
VIRGINIA	No	
WASHINGTON	Yes	150 hrs/Tri
WEST VIRGINIA	No	
WISCONSIN	Yes	30 hrs/Bi
WYOMING	No	
DISTRICT OF COLUMBIA	No	
PUERTO RICO	Yes	

*Source: U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985. American Medical Association. 1986.

Key:

a Statutory authority; no regulations adopted

CHAPTER X

STATE REGULATION OF OSTEOPATHIC PHYSICIANS

OSTEOPATHIC PHYSICIAN

Type of State Regulation

All 50 states, plus the District of Columbia and Puerto Rico regulate osteopaths through licensure. (See Table X-1).

Scope of Practice

Many states do not extensively define the scope of physicians' practicing rights in licensing statutes. Depending on the state, a DO may receive a license to practice "medicine and surgery," "osteopathic medicine and surgery," "osteopathy and surgery," or "osteopathy," and all may convey the same rights. Every state has "unlimited" practice rights which, for practical purposes, means the treatment of human ailments by any and all methods, and can be comparably described as the same practice right received by MDs.*

Scopes of practice can be defined by a broad statement such as that of New York:

> "The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition."

Or the scope of practice may be defined in more detail such as that of Oregon:

> "A person is practicing medicine if he does one or more of the following:
>
> (1) Advertise, hold out to the public or represent in any manner that he is authorized to practice medicine in this state.
>
> (2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.
>
> (3) Offer to undertake to perform any surgical operation upon any person.
>
> (4) Offer to undertake to diagnose, cure or treat in any manner, or by any means, methods or devices, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.
>
> (5) Except as provided in ORS 677.060 [those not within the scope of practice] append the letters "MD," or "DO" to his name, or use the words "Doctor," "Physician," "Surgeon," "Professor," "Healer" or "Specialist," or any abbreviation

or combination thereof, or any letters or words of similar import in connection with his name, or any trade name in which he is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section.

(6) Act as the representative or agent of any person in doing any of the things mentioned in subsections (1) to (5) of this section.

Most states fall in between these two descriptions; each one defines the scope of practice in the same broad terms as one of the two examples above.

Composition of State Regulatory Bodies and Functions

As explained in the chapter on allopathic physicians in the section on Composition of State Regulatory Bodies and Functions, 35 states or territories have composite boards of allopathic and osteopathic physicians. The remaining states utilize independent boards for osteopathic and allopathic physicians. For details see Table X-2. The majority of states (41) have osteopaths sitting on their boards. A breakdown shows all boards of osteopathy (17) have at least two osteopaths on the board while 24 boards of medical licensure have at least one osteopath on the board. Eleven boards of medical licensure have no osteopath members. Thirty-seven states include public members on their boards with 23 of those sitting on medical boards and six sitting on boards of osteopathy. See Table X-2 for more information.

A majority of states utilize the board as the body which issues the license and promulgates rules and regulations. See Table X-3 for further details.

All states give the regulating body the power to suspend and revoke an osteopath's license. Twenty-nine states have the power to restrict a license, 27 states may reprimand and 27 may put an osteopath on probation. The various disciplinary sanctions are listed in Table X-4.

Most of the states now utilize the FLEX (Federation Licensing Exam) exam which is a three-day, objective, multiple-choice comprehensive examination designed to test knowledge and ability in the basic medical sciences and the clinical sciences and competence in patient management. Other states will accept the National Board of Examiners for Osteopathic Physicians and Surgeons exam and/or an individual board developed exam. Since most states use a nationally standardized test, the need for individual board administered oral or practical exams is not included in most states' laws. See Table X-5 for details.

Requirements for Licensure

All states, plus the District of Columbia and Puerto Rico, require that an osteopath complete a course of study in osteopathic medicine. All but seven states require an internship of at least one year. (See Table X-6).

Fee Schedule

Table X-7 describes the fee for licensure application and five other categories of common fees.

Interstate Recognition of Credentials

Thirty-three states require reciprocal arrangements with other states before the license is recognized. Nineteen states endorse the license of osteopaths from other states. See Table X-8 for the requirements regarding endorsement and reciprocity.

Continuing Education Requirements

Twenty-three states require that the osteopath meet continuing education requirements for license renewal. Table X-9 sets out which states require continuing education and the extent of that education.

*Supplemental Source: Osteopathic Licensing Summary, American Osteopath Association, 1984.

TABLE X-1

OSTEOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	34-24-51
ALASKA	Licensure	ASA 08.64.170
ARIZONA	Licensure	32-1822
ARKANSAS	Licensure	72-601 et seq
CALIFORNIA	Licensure	1303
COLORADO	Licensure	12-36-106(2)
CONNECTICUT	Licensure	20-17 et seq
DELAWARE	Licensure	24 D.C. Ch.17
FLORIDA	Licensure	459.006
GEORGIA	Licensure	43-34-26
HAWAII	Licensure	460-1
IDAHO	Licensure	54-1803
ILLINOIS	Licensure	111 IRS 4403
INDIANA	Licensure	25-22.5-1-1.1 et seq
IOWA	Licensure	147.2
KANSAS	Licensure	KSA 65-2803
KENTUCKY	Licensure	KRS 311.560
LOUISIANA	Licensure	LRS 37:12, 61-12-92
MAINE	Licensure	Title 32 Ch. 36-2571
MARYLAND	Licensure	14-301
MASSACHUSETTS	Licensure	M.G.L.Ch. 13 Sect. 10
MICHIGAN	Licensure	17512
MINNESOTA	Licensure	147.01 et seq
MISSISSIPPI	Licensure	73-25-25
MISSOURI	Licensure	RSMO 334.010
MONTANA	Licensure	37-5-301
NEBRASKA	Licensure	71-1, 137
NEVADA	Licensure	NRS. 633
NEW HAMPSHIRE	Licensure	329:1 et seq
NEW JERSEY	Licensure	45:9-6
NEW MEXICO	Licensure	61-10-1
NEW YORK	Licensure	6522
NORTH CAROLINA	Licensure	NCCL sect. 90-1 et seq
NORTH DAKOTA	Licensure	43-17-16
OHIO	Licensure	47-31.43 Ohio Rev. Code

TABLE X-1

OSTEOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 491
OREGON	Licensure	677.010 et seq
PENNSYLVANIA	Licensure	1885 sect 3
RHODE ISLAND	Licensure	5-36-1
SOUTH CAROLINA	Licensure	40-47-10
SOUTH DAKOTA	Licensure	36-4-8
TENNESSEE	Licensure	63-9-101
TEXAS	Licensure	1.02 (2)
UTAH	Licensure	58-12-3
VERMONT	Licensure	26 VSA 1791
VIRGINIA	Licensure	VC 54-274
WASHINGTON	Licensure	RCW 18.57 et seq
WEST VIRGINIA	Licensure	30-14-1 et seq
WISCONSIN	Licensure	448.03
WYOMING	Licensure	33-26-101 et seq
DISTRICT OF COLUMBIA	Licensure	DCA 2-1302
PUERTO RICO	Licensure	Act 11

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE X-2

OSTEOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Medical Examiners	0	0	10[a]	10
ALASKA	State Medical Boards	0	2	5[a]	7
ARIZONA	Board of Osteopathic Examiners in Medicine and Surgery	4	1	0	5
ARKANSAS	State Medical Board	0	0	9[a]	9
CALIFORNIA	Board of Osteopathic Examiners	5	2	0	7
COLORADO	Board of Medical Examiners	2	2	7[a]	11
CONNECTICUT	Osteopathic Examining Board	3	2	0	5
DELAWARE	Board of Medical Practice	1	2	10[a]	13
FLORIDA	Board of Osteopathic Examiners	5	2	0	7
GEORGIA	Composite St. Bd. of Medical Exams.	2	1	10[a]	13
HAWAII	Board of Osteopathic Examiners	3	2	0	5
IDAHO	State Board of Medicine	1	0	7[a,b]	8
ILLINOIS	Medical Examining Committee	1	0	6[a,c]	7
INDIANA	Medical Licensing Board	1	1	5	7
IOWA	State Board of Medical Examiners	2	2	5[a]	9
KANSAS	Board of Healing Arts	3	1	9[d]	13
KENTUCKY	State Board of Medical Licensure	1	1	5[a]	7
LOUISIANA	State Board of Medical Examiners	0	0	7[a]	7
MAINE	Board of Osteopathic Examination and Registration	5	1	0	6
MARYLAND	Board of Medical Examiners	0	2	8	10
MASSACHUSETTS	Board of Registration in Medicine	0	2	5	7

TABLE X-2

OSTEOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MICHIGAN	Board of Osteopathic Med. & Surgery	5	1	1[e]	7
MINNESOTA	Board of Medical Examiners	1	3	7[a]	11
MISSISSIPPI	State Board of Medical Licensure	0	0	9[a]	9
MISSOURI	State Board of Registration for the Healing Arts	2	1	5[a]	8
MONTANA	State Board of Medical Examiners	1	2	6[k]	9
NEBRASKA	State Board of Examiners in Medicine and Surgery	1	1	5[a]	7
NEVADA	Board of Osteopathic Examiners	4	1	0	5
NEW HAMPSHIRE	Board of Registration in Medicine	0	1	4[f]	5
NEW JERSEY	Board of Medical Examiners	1	1	13[g]	15
NEW MEXICO	Board of Osteopathic Medical Examrs.	5	1	0	6
NEW YORK	State Board of Medicine	2	0	18[a]	20
NORTH CAROLINA	Board of Medical Examiners	0	1	7[a]	8
NORTH DAKOTA	Board of Medical Examiners	1	0	9	10
OHIO	State Medical Board	1	2	8[h]	11
OKLAHOMA	Board of Osteopathic Examiners	6	1	0	7
OREGON	Board of Medical Examiners	1	1	6[a]	9
PENNSYLVANIA	State Board of Osteopathic Medical Examiners	5	2	1[i]	8
RHODE ISLAND	Board of Examiners in Osteopathy	2	0	1[a]	3
SOUTH CAROLINA	State Board of Medical Examiners	1	1	8[a]	10
SOUTH DAKOTA	Board of Medical & Osteopathic Examiners	1	1	4[a]	6

TABLE X-2

OSTEOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Board of Osteopathic Examiners	5	0	0	5
TEXAS	State Board of Medical Examiners	3	3	9[a]	15
UTAH	Osteopathic Committee	4	1	0	5
VERMONT	Board of Osteopathic Examination and Registration	3	0	0	3
VIRGINIA	State Board of Medicine	1	0	4[j]	5
WASHINGTON	State Board of Osteopathic Medicine	6	1	0	7
WEST VIRGINIA	Board of Osteopathy	3	0	0	3
WISCONSIN	Medical Examining Board	1	1	7[a]	9
WYOMING	State Board of Medical Examiners	1	0	5[a]	6
D.C.	Commission on Licensure to Practice the Healing Arts	0	3	8[a]	11
PUERTO RICO	Board of Medical Examiners	0	0	9[a]	9

Sources: 1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

Key:

a	MDs
b	Director of the Department of Law Enforcement
c	One doctor of chiropractic
d	Five MDs, one DPM, three DCs
e	PA
f	Three MDs, one paramedic
g	Nine MDs, one DC, one Podiatrist, a BW-Analytical Laboratory Director and one executive department designee
h	Seven MDs, one DPM
i	The Commissioner of Professional and Occupational Affairs
j	One Podiatrist, one DC, one clinical Psychologist and one MD from each congressional district
k	Five MDs and one Podiatrist

TABLE X-3 Page 1 of 2

OSTEOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
ALABAMA	Board	Board
ALASKA	Board	Board
ARIZONA	Board	Board
ARKANSAS	Board	Board
CALIFORNIA	Board	Board
COLORADO	Board	Board
CONNECTICUT	Dept. of Health Services	Board
DELAWARE	Board	Board
FLORIDA	Dept. of Prof. Regulation	Board
GEORGIA	Board	Board
HAWAII	Board	Board
IDAHO	Board	Board
ILLINOIS	Dept. of Reg. & Education	Dept. of Reg. & Education
INDIANA	Board	Board
IOWA	Board	Board
KANSAS	Board	Board
KENTUCKY	Board	Board
LOUISIANA	Board	Board
MAINE	Board	Board
MARYLAND	Board	Board
MASSACHUSETTS	Board	Board
MICHIGAN	Board	Board
MINNESOTA	Board	Board
MISSISSIPPI	Board	Board
MISSOURI	Board	Board
MONTANA	Board	Board
NEBRASKA	Dept. of Health	Dept. of Health
NEVADA	Board	Board
NEW HAMPSHIRE	Board	Board
NEW JERSEY	Board	Board
NEW MEXICO	Board	Board
NEW YORK	Board	Commr. of Health
N. CAROLINA	Board	Board
NORTH DAKOTA	Board	Board
OHIO	Board	Board

TABLE X-3

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OSTEOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board
OREGON	Board	Board
PENNSYLVANIA	Board	Board
RHODE ISLAND	Board	Board
S. CAROLINA	Board	Board
SOUTH DAKOTA	Board	Board
TENNESSEE	Board	Board
TEXAS	Board	Board
UTAH	Board	Board
VERMONT	Board	Board
VIRGINIA	Board	Board
WASHINGTON	Board	Board
WEST VIRGINIA	Board	Board
WISCONSIN	Board	Board
WYOMING	Board	Board
D.C.	Commr. of Public Health	Mayor
PUERTO RICO	Board	Board

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE X-4

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OSTEOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x			x	x		
ARKANSAS	x	x				x		
CALIFORNIA	x	x	x	x	x	x		
COLORADO	x	x	x			x		a
CONNECTICUT	x	x						d
DELAWARE	x	x	x	x	x	x	x	
FLORIDA	x	x	x		x	x	$1,000	
GEORGIA	x	x	x		x	x		a
HAWAII	x	x	x			x	x	b
IDAHO	x	x	x		x	x		
ILLINOIS	x	x	x			x		
INDIANA	x	x	x	x	x	x		
IOWA	x	x	x		x	x	$1,000	c,b,d
KANSAS	x	x	x					
KENTUCKY	x	x	x		x			
LOUISIANA	x	x	x	x	x	x		
MAINE	x	x		x		x		
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x	x	x	x	x		
MICHIGAN	x	x	x		x	x	x	
MINNESOTA	x	x	x	x				
MISSISSIPPI	x	x	x			x		a,b
MISSOURI	x	x	x		x			a
MONTANA	x	x				x		
NEBRASKA	x	x	x	x	x	x		
NEVADA	x	x						
NEW HAMPSHIRE	x	x			x			a,b
NEW JERSEY	x	x					x	
NEW MEXICO	x	x					$200	
NEW YORK	x	x		x	x		x	
NORTH CAROLINA	x	x						
NORTH DAKOTA	x	x		x	x	x		
OHIO	x	x	x		x	x		

TABLE X-4 Page 2 of 2

OSTEOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x						
OREGON	x	x	x			x	$5,000	
PENNSYLVANIA	x	x	x		x	x		a
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x	x		x			e
SOUTH DAKOTA	x	x						
TENNESSEE	x	x	x		x			e
TEXAS	x	x	x		x	x		a,b
UTAH	x	x						
VERMONT	x	x						
VIRGINIA	x	x		x	x	x		
WASHINGTON	x	x	x		x			
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x	x					
D.C.	x	x	x	x	x	x	$5,000	
PUERTO RICO	x	x		x		x		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Submit to care, treatment on counseling
b Further education
c Reexamination
d Physical or mental examination
e Any other reasonable action

x Means board is given the power in law

TABLE X-5

OSTEOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	FLEX	(d)	
ALASKA	FLEX	Yes	
ARIZONA	FLEX	Yes	
ARKANSAS	FLEX		
CALIFORNIA	Board	Yes	Yes
COLORADO	FLEX		
CONNECTICUT	Board		
DELAWARE	FLEX		
FLORIDA	Board		
GEORGIA	FLEX		
HAWAII	Board (e)		
IDAHO	FLEX		
ILLINOIS	FLEX		
INDIANA	FLEX		
IOWA	FLEX		
KANSAS	FLEX		
KENTUCKY	FLEX (a)		
LOUISIANA	FLEX		
MAINE	FLEX (a)		
MARYLAND	FLEX		
MASSACHUSETTS	FLEX		
MICHIGAN	Board or Flex		
MINNESOTA	FLEX		
MISSISSIPPI	FLEX		
MISSOURI	FLEX		
MONTANA	FLEX		
NEBRASKA	Board (e)		
NEVADA	Board	yes	
NEW HAMPSHIRE	FLEX		
NEW JERSEY	FLEX		
NEW MEXICO	Board		
NEW YORK	FLEX		
NORTH CAROLINA	FLEX		
NORTH DAKOTA	FLEX		
OHIO	FLEX		

TABLE X-5

OSTEOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	FLEX		
OREGON	FLEX		
PENNSYLVANIA	Board (b)		
RHODE ISLAND	FLEX (a)		
SOUTH CAROLINA	FLEX		
SOUTH DAKOTA	FLEX		
TENNESSEE	FLEX		
TEXAS	FLEX (c)		
UTAH	FLEX		
VERMONT	Board or FLEX		
VIRGINIA	FLEX		
WASHINGTON	FLEX (a)		
WEST VIRGINIA	Board		
WISCONSIN	FLEX		
WYOMING	FLEX		
DISTRICT OF COLUMBIA	FLEX		
PUERTO RICO	Board		Yes

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

KEY:

FLEX = Federation Licensing Exam

a An additional test is given in osteopathic principles and practice
b An examination in osteopathic manipulative theory is required
c An examination in medical jurisprudence
d Only required if FLEX exam is not passed
e Accepts the National Board of Examiners for Osteopathic Physicians and Surgeons (NBEOPS) test

TABLE X-6

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OSTEOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a		1 yr.			
ALASKA	a		1 yr.		yes	
ARIZONA	b	s	1 yr.		yes	
ARKANSAS	b		1 yr.			
CALIFORNIA	c		1 yr.			
COLORADO	d	s	1 yr	21		
CONNECTICUT	d,e		None			
DELAWARE	b		1 yr.			
FLORIDA	b		1 yr.	18		
GEORGIA	a	s	1 yr.			
HAWAII	b		1 yr.			
IDAHO	b	s	1 yr.			
ILLINOIS	g	s	1 yr.	21		
INDIANA	d		None			
IOWA	a,h		1 yr.			
KANSAS	d	s	1 yr.	t		
KENTUCKY	b		1 yr.			
LOUISIANA	d		None			
MAINE	i		1 yr.			
MARYLAND	b	s	1 yr.	18		
MASSACHUSETTS	j		None			
MICHIGAN	k	s	1 yr.	18		
MINNESOTA	a	s	1 yr.			
MISSISSIPPI	b	s	1 yr.	21		u
MISSOURI	b	s	None			
MONTANA	b	s	1 yr.			
NEBRASKA	l		1 yr.			
NEVADA	i,m		1 yr.			
NEW HAMPSHIRE	b	s	2 yrs.	18-75		
NEW JERSEY	k	s	1 yr.	21	yes or v	
NEW MEXICO	d	s	1 yr.			
NEW YORK	n	s	1 yr.	21	yes or v	
NORTH CAROLINA	b,o	s	1 yr.		yes or w	
NORTH DAKOTA	a		1 yr.	18		
OHIO	d,p		None			

TABLE X-6

OSTEOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	q		1 yr.			
OREGON	b	s	1 yr.			
PENNSYLVANIA	a	s	1 yr.			
RHODE ISLAND	a	s	1 yr.		yes or v	
SOUTH CAROLINA	b	s	1 yr.	21		
SOUTH DAKOTA	b	s	1 yr.	18	yes or v	
TENNESSEE	d		None			
TEXAS	a	s	1 yr.	21		
UTAH	k	s	1 yr.	21	yes or v	
VERMONT	i	s	1 yr.	18		
VIRGINIA	b	s	1 yr.	18		
WASHINGTON	b	s	1 yr.			
WEST VIRGINIA	c,i	s	1 yr.	18		
WISCONSIN	d		1 yr.			
WYOMING	b		1 yr.			
D.C.	f	s	1 yr.	18		
PUERTO RICO	a		1 yr., r	t		6 mos.

Source: HPLIS/Council of State Governments; December 31,1985

Key:

a	Graduation from board approved or recognized osteopathic college
b	Graduation from AOA approved or accredited college
c	Graduation from AOA and board approved college
d	Graduation from recognized or approved osteopathic college
e	Two years of pre-professional college as specified
f	DO degree from registered school
g	Graduation from state-approved professional college
h	Applies to graduates with diplomas issued prior to May 10, 1963 only
i	DO degree following 36 total months of professional study
j	Four years of not less than 32 weeks each in a legally chartered medical school
k	Four years in a recognized osteopathic college
l	Graduation after January 1, 1963 from a Department of Health approved osteopathic college
m	Coursework as specified in the statute

TABLE X-6

OSTEOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

n At least 32 months in an osteopathic college registered with the regents of the university of the state of New York
o After January 1, 1960
p As defined by a committee
q Graduation from any school offering statute-specified subjects. Must attend four terms of 9 months each or three years of 11 months each.
r Plus one year in a place designated by the board
s Applicant must be of good moral characater
t Current legal age
u Locate in state within one year
v Intend to apply for citizenship
w Canadian

Blank spaces mean no requirement is listed in law

TABLE X-7

Page 1 of 2

OSTEOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA		175	50/Ann			175
ALASKA	50	200	60/Quad	50		
ARIZONA	50		100/Ann	25		150
ARKANSAS		225	15/Ann	50		225
CALIFORNIA			325/Ann			
COLORADO		185	91/Bi			163
CONNECTICUT		150	75/Ann			150
DELAWARE		310	30/Bi			150
FLORIDA		200	60/Bi			200
GEORGIA		270	50/Bi		10	200
HAWAII	50	100	80/Bi			200
IDAHO	200	200	75/Ann	75		225
ILLINOIS		187	40/Bi	75		175
INDIANA		250	40/Bi	50		200
IOWA		250	100/Bi		10	200
KANSAS		160	50/Ann	30	15	
KENTUCKY		225	65/Ann	50	10	150
LOUISIANA		200	50/Ann			200
MAINE	100	125	25/Ann			100
MARYLAND		225	50/Bi			
MASSACHUSETTS		275	100/Bi	75		150
MICHIGAN	150	150	120/Tri			100
MINNESOTA	50	125	20/Ann	40		100
MISSISSIPPI	35.25	175	40/Ann			175
MISSOURI		250	30/Ann	30		250
MONTANA	100	180	15/Ann	5		
NEBRASKA		250	20/Ann			100
NEVADA		200	100/Ann			200
NEW HAMPSHIRE		150	50/Ann			
NEW JERSEY		200	80/Bi			
NEW MEXICO		355	55/Ann			255
NEW YORK	100	150	120/Tri	60		195
NORTH CAROLINA	200		25/Bi			
NORTH DAKOTA	100	300	40/Ann			
OHIO		175	100/Bi	10		175

TABLE X-7

Page 2 of 2

OSTEOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA		100	40/Ann			100
OREGON	200	240	80/Ann	15		200
PENNSYLVANIA	125	125	75/Bi			100
RHODE ISLAND		150	50/Ann	10		150
SOUTH CAROLINA		300	60/Ann	50		300
SOUTH DAKOTA		225	50/Ann	50		100
TENNESSEE		200	25/Ann			125
TEXAS		400	36/Ann	50	45	400
UTAH		250	50/Bi			
VERMONT	25	25	10/Ann			
VIRGINIA		200	50/Bi		25	225
WASHINGTON	250	250	125/Ann		5	250
WEST VIRGINIA		50	10/Ann			100
WISCONSIN	50	50	35/Bi	10	5	50
WYOMING		200	20/Ann	25		100
D.C.	20	180	120/Bi			180
PUERTO RICO	5	25	5/Ann			

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

Blank spaces mean no fee is listed in law

TABLE X-8

OSTEOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	Reciprocity	a,b
ALASKA	Endorsement	c
ARIZONA	Reciprocity	a,d
ARKANSAS	Reciprocity	a,b
CALIFORNIA	Reciprocity	a
COLORADO	Reciprocity	a,b
CONNECTICUT	Reciprocity	a
DELAWARE	Reciprocity	a,b
FLORIDA	Endorsement	e
GEORGIA	Reciprocity	a
HAWAII	Reciprocity	a,f
IDAHO	Endorsement	g,d
ILLINOIS	Reciprocity	h
INDIANA	Endorsement	a
IOWA	Endorsement	a
KANSAS	Endorsement	i
KENTUCKY	Endorsement	h
LOUISIANA	Reciprocity	j
MAINE	Reciprocity	a
MARYLAND	Endorsement	k
MASSACHUSETTS	Endorsement	a
MICHIGAN	Endorsement	a
MINNESOTA	Reciprocity	a
MISSISSIPPI	Reciprocity	a
MISSOURI	Reciprocity	a
MONTANA	Reciprocity	a
NEBRASKA	Reciprocity	h,j
NEVADA	Reciprocity	l
NEW HAMPSHIRE	Reciprocity	i
NEW JERSEY	Endorsement	a,m
NEW MEXICO	Reciprocity	n
NEW YORK	Endorsement	j
NORTH CAROLINA	Endorsement	g
NORTH DAKOTA	Endorsement	i
OHIO	Reciprocity	h

TABLE X-8

OSTEOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	Reciprocity	a
OREGON	Reciprocity	o
PENNSYLVANIA	Endorsement	a
RHODE ISLAND	Endorsement	a
SOUTH CAROLINA	Reciprocity	a
SOUTH DAKOTA	Reciprocity	p
TENNESSEE	Reciprocity	h
TEXAS	Reciprocity	n
UTAH	Endorsement	n
VERMONT	Endorsement	a
VIRGINIA	Endorsement	a
WASHINGTON	Reciprocity	a
WEST VIRGINIA	Reciprocity	a
WISCONSIN	Reciprocity	h
WYOMING	Reciprocity	h
DISTRICT OF COLUMBIA	Reciprocity	a
PUERTO RICO	Reciprocity	q

Source: HPLIS/Council of State Governments; December 31,1985

Key:

a With states having higher or equal requirements
b Except Florida
c Waiver of exam; active license from another state or Canada; meets all other requirements
d Oral exam required
e Applicant must have passed all parts of the National Board Examination or have been admitted into the medical core of any US armed services branch
f After three years practice
g License issued after written examination passed in those states with composite boards
h Individual consideration given applicants - requirements vary based on background and training
i Considered if license was obtained thru examination
j Available only to graduates after June 1, 1971 whose license is based on the FLEX
k Either unlimited license in reciprocal states prior to January, 1972 or FLEX weighted average of 75
l With all DO boards, most composite boards; at discretion of board

TABLE X-8

Page 3 of 3

OSTEOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

m No individual state licensing examinations taken after December 31, 1972 accepted

n With all states

o Evaluated individually if applicant from Massachusetts, Nevada, New Hampshire, or Wyoming; with all other states except Alaska, Florida, Georgia, Hawaii, Mississippi, Nebraska, and South Carolina

p With Colorado, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Missouri, New Jersey, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Texas, Virginia, Wisconsin, Wyoming. Others considered individually

q For limited license only

TABLE X-9 Page 1 of 2

OSTEOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	Yes	17 hrs/Ann
ARIZONA	Yes	20 hrs/Ann
ARKANSAS	No	
CALIFORNIA	Yes	150 hrs/Tri
COLORADO	No	
CONNECTICUT	No	
DELAWARE	No	
FLORIDA	Yes	30 hrs/Bi
GEORGIA	No	
HAWAII	No	
IDAHO	No	
ILLINOIS	Yes	100 hrs/Bi
INDIANA	No	
IOWA	Yes	40 hrs/Bi
KANSAS	Yes	50 hrs/Ann
KENTUCKY	No	
LOUISIANA	No	
MAINE	Yes	50 hrs/Ann
MARYLAND	Yes	100 hrs/Bi
MASSACHUSETTS	Yes	100 hrs/Bi
MICHIGAN	Yes	150 hrs/Tri
MINNESOTA	Yes	75 hrs/Tri
MISSISSIPPI	No	
MISSOURI	No	
MONTANA	No	
NEBRASKA	No	
NEVADA	Yes	35 hrs/Ann
NEW HAMPSHIRE	Yes	150 hrs/Tri
NEW JERSEY	No	
NEW MEXICO	Yes	150 hrs/Tri
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA	No	
OHIO	Yes	100 hrs/Bi

TABLE X-9

OSTEOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	2 days/Ann
OREGON	No	
PENNSYLVANIA	No	
RHODE ISLAND	Yes	75 hrs/Tri
SOUTH CAROLINA	No	
SOUTH DAKOTA	No	
TENNESSEE	Yes	16 hrs/Ann
TEXAS	No	
UTAH	No	
VERMONT	Yes	Board sets annually
VIRGINIA	No	
WASHINGTON	Yes	150 hrs/Tri
WEST VIRGINIA	Yes	2 days/Ann
WISCONSIN	Yes	30 hrs/Bi
WYOMING	No	
D.C.	No	
PUERTO RICO	No	

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

CHAPTER XI

STATE REGULATION OF PHYSICIAN ASSISTANTS

PHYSICIAN ASSISTANT

Type of State Regulation

Two states regulate physician assistants through licensure, 29 through certification and 16 through registration. The remainder of states do not regulate physician assistants, but one has legislation under consideration. (See Table XI-1).

Scope of Practice

There is considerable diversity among states concerning the scope of practice of physician assistants. A few states follow a general format; Rhode Island is a typical example of this model:

> "Physician assistants may perform health care services when rendered under supervision of a licensed physician. Physician assistants, depending on level of professional training/experience as determined by the supervising physician, may perform health care services consistent with their expertise and that of a supervising physician who is in solo/group practice or in health care facilities."

The majority of states specify physician assistant (PA) duties much like Oklahoma Board of Medical Examiners (Section XI:D):

> PA may be involved with patients of physician in any medical care setting, including office, ambulatory clinic, hospital, patient's home, extended care facilities and nursing homes.
>
> Diagnostic and therapeutic procedures common to physician's practice may be assigned after PA demonstrates proficiency and competency.
>
> PA may be employed in academic position in institution devoted to health sciences; is responsible to dean or physician designated from appropriate college/university.
>
> No PA may be assigned the treatment/care of refraction of human eye or fitting/adapting of contact lens; does not preclude performance of routine visual screening, pre- and post-operative care/assistance in care of diseases of eye under physician supervision.
>
> Must function under supervision of licensed physician. Independent health care by PA not permitted.
>
> Work of PA must be within scope of physician's practice and within confines of job description furnished by physician and approved by board.

Still a few states go into greater detail where, in some cases, physician assistant duties are delineated between medical doctors and doctors of osteopathy. Pennsylvania offers this more detailed approach:

Pa. Board of Medical Education and Licensure (Section II. 311)

PA shall augment physician's data-gathering abilities in order to assist in reaching decisions/instituting care plans for patients. At a minimum, PA shall be able, among other things, to:
- screen patients, review records, take history, record data
- perform physical exam/developmental screening exam
- request lab studies, collect specimens, perform analyses
- perform clinical procedures
- counsel/instruct patients

Supervising physician may delegate such medical procedures/tasks within normal scope of his practice. Supervising physician shall not permit PA to independently practice medicine.

PA shall not:
- maintain separate office unless approved by board
- delegate an assigned task
- perform acupuncture
- pronounce a patient dead in any setting

Written protocols must be provided by supervising physician.

One satellite operation per supervising physician allowed upon board approval, provided:
- PA will be utilized in designated manpower shortage area
- adequate provision for direct communication exists and distance between main/satellite office does not prohibit/impede emergency services
- supervising physician sees regular patient periodically (i.e., every third visit)
- supervising physician visits remote office at least weekly/reviews patient records

Appropriate records of supervisory contact must be maintained/available for board review.

PA may provide services to hospitalized patients of supervising physician if permitted by medical care facility. PAs employed directly by medical care facilities must be supervised by physician. So long as facility permits, PA may:
- assess/record patient's progress within parameters of established protocol/regimen and report progress to supervising physician
- make entries on medical records/patient charts (must be countersigned by physician)

PA may provide medical care/services in emergency department if he is trained in emergency medicine, functions under specific protocols, is under direct supervision of physician with whom he has ready contact and who is willing to assume full responsibility for PA performance. PA may not substitute for physician who is "on call" in emergency department.

In those medical care facilities where PAs make diagnoses, prescribe medical therapeutic/corrective measures, there shall be a committee to establish standard policies and procedures related to scope of PA practice. Committee shall include representatives of medical, nursing and PA staff, facility administration. Such policies shall be reviewed at least annually.

Pa. Board of Osteopathic Medical Examiners

PA shall augment physician's data-gathering abilities in order to assist physician in reaching decisions/instituting care plans. At a minimum, PA shall be able to, among other things:
- screen patients, review records, take history, record data
- perform physical examination/developmental screening
- request lab studies, collect specimens, perform analyses
- perform clinical procedures
- counsel/instruct patients

Physician may delegate medical procedures/tasks which are within normal scope of his practice, excluding independent practice of medicine.

PA may not:
- manage/maintain separate office unless approved by board
- independently delegate an assigned task
- perform acupuncture
- pronounce a patient dead in any setting
- write orders, progress notes or discharge summaries for patients in hospitals

Written protocols must be provided by supervising physician

One satellite operation per physician allowed upon board approval, provided:
- PA utilized in area of medical need
- adequate provision exists for direct communication and distance between main/satellite office does not prohibit/impede appropriate support services
- physician sees patients regularly (i.e., every 5th visit), with some exceptions
- physician visits remote office at least weekly/reviews records
- physician sees every pediatric patient (infants every 3rd visit, children 2-18 every other visit)
- PA has been employed in primary office for at least one year

PA may provide care in ER if trained in emergency medicine, functions under protocols/under direct supervision. PA may not substitute for physician on call in ER.

In medical care facilities where PAs diagnose/prescribe therapeutic/corrective measures, there must be committee to set standard policies/procedures. Committee to have representatives from medical, nursing, PA staffs and administration. Policies to be reviewed annually.

All the states have fairly uniform duties for physician assistants. The states which specify more detail do not necessarily specify different duties but go into more detail about those same duties listed by those states where a more general description is given.

There are 17 states which have made it lawful for physician assistants to write prescriptions. Seven of those may dispense the drug.

Composition of State Regulatory Bodies and Functions

The majority of states (40) use a board of medical examiners to regulate physician assistants' practice. There are five states where the physician assistants have an individual board of their own, and one state where the osteopath board regulates the practice of physician assistants. Twenty-two jurisdictions have no provision for board representation by physician assistants. Only those states which either had a board of physician assistants or an advisory committee of physician assistants made provisions for representation by them. West Virginia is the only exception, since it has no board or advisory committee on physician assistants but still calls for their representation on the medical board. (See Table XI-2).

The majority of states (36) utilize the board as the body which issues the license, approves and/or accredits educational programs, and promulgates rules and regulations. See Table XI-3 for more detail.

The majority of states that regulate the practice give the regulating body the power to suspend or revoke a physician assistant's license. The various disciplinary sanctions are listed in Table XI-4.

The majority of states (43) require physician assistants to take a written exam. Of these states, 17 use a board approved exam and 25 use a National Commission on Certification of Physician Assistants certifying exam. For details see Table XI-5.

Requirements for Licensure, Certification, or Registration

All states require that a physician assistant complete a course of study or pass a certifying exam. There are generally no other requirements set out for physician assistants. A few states specify a minimum age. See Table XI-6 for complete details.

Schedule of Fees

Table XI-7 sets out fees for application, examination and other categories regarding physician assistants.

Interstate Recognition of Credentials

The majority of states have no provisions for reciprocity or endorsement for physician assistants. Only Arkansas, Louisiana, Michigan, South Dakota, and West Virginia stipulate any recognition of out-of-state credentialing. See Table XI-8.

Continuing Education Requirements

Twenty-one states require that the physician assistant meet continuing education requirements; others leave the prerogative up to the board for individual cases. Extent of education and further details of continuing education requirements are set out in Table XI-9.

TABLE XI-1

Page 1 of 2

PHYSICIAN ASSISTANT

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Certification[h]	34-24-290 et seq.
ALASKA	Registration	08.64.170
ARIZONA	Certification	32-2521
ARKANSAS	Certification	72-2001 et seq.
CALIFORNIA	Certification[g]	3500-3533
COLORADO	Certification[f]	12-36-106
CONNECTICUT	Certification	370.20-9, 12a
DELAWARE	a	----
FLORIDA	Certification[g]	458.347
GEORGIA	Certification[d]	43-34-104
HAWAII	Certification	453-5.3
IDAHO	Registration	54-1803
ILLINOIS	Certification	111-4751 et seq
INDIANA	Registration	22-22.5-1-1.1 (i)
IOWA	Certification	148c
KANSAS	Registration	65-2896
KENTUCKY	Registration	KRS-311-565
LOUISIANA	Certification	37-1360.21
MAINE	Certification	3270
MARYLAND	Registration	14-205;304
MASSACHUSETTS	Certification	112-9c
MICHIGAN	Licensure[g]	333.17001 et seq.
MINNESOTA	Registration	214.13-214.14
MISSISSIPPI	a	----
MISSOURI	a,b	----
MONTANA	Licensure	37-3-103
NEBRASKA	Certification	71-1, 107.15 et seq.
NEVADA	Certification	630
NEW HAMPSHIRE	Certification	329:21
NEW JERSEY	a,c	----
NEW MEXICO	Certification	661-6-6 et seq.
NEW YORK	Registration	Title 10, Art. 37, 3700 et seq.
NORTH CAROLINA	Registration	90-18
NORTH DAKOTA	Registration	50-03-01 et seq.
OHIO	Registration	4730

TABLE XI-1 Page 2 of 2

PHYSICIAN ASSISTANT

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Certification	59-519
OREGON	Registration	677.495 et seq.
PENNSYLVANIA	Certification[g]	421.1 et seq.
RHODE ISLAND	Registration	5-54-1 et seq.
SOUTH CAROLINA	Certification	40-47-60.4
SOUTH DAKOTA	Certification	36-4A
TENNESSEE	Certification	63-19-
TEXAS	Certification	4495
UTAH	Registration	58-12-40
VERMONT	Certification	1731 et seq.
VIRGINIA	Certification[i]	54-281
WASHINGTON	Registration[g]	18.71A. 010 et seq.
WEST VIRGINIA	Certification[d]	30-3-16
WISCONSIN	Certification	15.440
WYOMING	Certification[e]	33-26-118
D.C.	Registration	Law 6-99
PUERTO RICO	a	

Sources: 1. HPLIS/Council of State Governments; December 31, 1985
2 *Physician Assistants: State Laws and Regulations*, Fourth Edition. The American Academy of Physician Assistants. 1985.

Key:

a Not regulated
b Legislation under consideration
c Physician assistants permitted to pratice only in federal facilities
d Board certifies Type A physician assistants in primary health care and Type B in clinical specialties
e Certificate of approval
f Sunset termination date 7/1/86. Board also certifies child Health Associates who practice under pediatrician's supervision
g Board also regulates Osteopathic physician assistants
h Board also certifies surgeon's assistants
i Board also certifies penal institutions' physician assistants (Category II)

TABLE XI-2

PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Medical Examiners				a
ALASKA	State Medical Board				a
ARIZONA	Joint Board on Regulation of Physician Assistants	2	1	6[b]	9
ARKANSAS	State Medical Board				a
CALIFORNIA	Physician Assistant Examining Cmte.	3	2	4[c]	9
COLORADO	State Board of Medical Examrs.				a
CONNECTICUT	Medical Examining Board				a
DELAWARE	N/A				d
FLORIDA	Board of Medical Examiners Dept. of Professional Reg.				a,e
GEORGIA	Composite State Board of Medical Examiners PA Advisory Committee	4	0	4[f]	8
HAWAII	Board of Medical Examiners				a
IDAHO	State Board of Medicine				a
ILLINOIS	Medical Examining Committee				a
INDIANA	Medical Licensing Board				a
IOWA	State Board of Medical Examiners				g
KANSAS	State Board of Healing Arts				a
KENTUCKY	State Medical Board				a
LOUISIANA	State Board of Medical Examiners				a
MAINE	Board of Registration in Medicine				a
MARYLAND	Board of Medical Examiners				a

TABLE XI-2

PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MASSACHUSETTS	Board of Approval and Certification of PA Programs	1	2	6[h]	9
MICHIGAN	Task Force on PAs, Bd. of Medicine	1	3	10[i]	14
MINNESOTA	Board of Medical Examiners				a,j
MISSISSIPPI	N/A				d
MISSOURI	N/A				d
MONTANA	Board of Medical Examiners	0	2	7[p]	9
NEBRASKA	State Board of Medical Examiners in Medicine and Surgery				a,k
NEVADA	State Board of Medical Examiners				a
NEW HAMPSHIRE	Board of Registration in Medicine				a
NEW JERSEY	N/A				d
NEW MEXICO	State Board of Medical Examiners				a
NEW YORK	State Board for Medicine				a,l
NORTH CAROLINA	Board of Medical Examiners				a
NORTH DAKOTA	Board of Medical Examiners				a
OHIO	State Medical Board				a
OKLAHOMA	State Board of Medical Examiners				a
OREGON	Board of Medical Examiners				a
PENNSYLVANIA	State Board of Medical Education				a
RHODE ISLAND	Board of Registration for PAs	1	1	3[m]	5
SOUTH CAROLINA	Board of Medical Examiners				a
SOUTH DAKOTA	Board of Medical and Osteopathic Examiners				a

TABLE XI-2

PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Board of Medical Examiners				a,k
TEXAS	State Board of Medical Examiners				a,k
UTAH	Physicians' Licensing Board				a
VERMONT	State Board of Medical Practice				a
VIRGINIA	State Board of Medicine				a
WASHINGTON	State Board of Medical Examiners				a
WEST VIRGINIA	Board of Medicine	1	3	11[n]	15
WISCONSIN	Council on Physician Assts.	3	1	10	5
WYOMING	Board of Medical Examiners				a,k
D.C.	Board of Medicine - Advisory Comm. on Physician Assts.	0	3	8[q]	11
PUERTO RICO	N/A	1	0	2[r]	3

Source: HPLIS/Council of State Governments; April, 1986

Key:

a No provision for board representation by physician assistants
b The Dean of the University College of Medicine, two Doctors of Osteopathy and three Medical Doctors
c One member of the Board of Medical Quality Assurance, one California medical school physician, one educator from an approved PA training program, one approved PA supervising physician not a board member
d Not regulated
e A PA advisory committee, appointed by the chairman of the Board, shall consist of not less than 2 board members plus expert staff
f One PA serves ex officio on board. Most matters are handled by the Board's PA Advisory Committee composed of four physicians and four certified PAs
g Board acts on advice of Advisory Committee on PA programs which is composed of eight governor-appointed members

TABLE XI-2

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PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

h Two physicians, one medical school representative, one PA program representative, one health care facility administrator and one RN member of the State Nurses Association
i Physicians
j The commissioner appoints a seven member PA Advisory Council
k The Physician Assistant Committee reviews and makes recommendations to Board on all PA related matters
l Governor appoints twelve member New York state advisory council on PAs and specialist's assistants
m Two licensed physicians, one health care facility chief executive officer
n State health director, eight MDs, two podiatrists
o Vice Chancellor for health sciences, University of Wisconsin-Madison (or designee)
p Six MDs and one Podiatrist
q Seven physicians and the Commissioner of Public Health
r One physician and the Commissioner of Public Health

TABLE XI-3

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PHYSICIAN ASSISTANT

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	a	Board
ALASKA	Board	a	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	a	Board
CONNECTICUT	Board	a	b
DELAWARE	N/A		
FLORIDA	Board	Dept. of Prof. Regulation	Board
GEORGIA	Committee	Committee	Board
HAWAII	Board	Board	Board
IDAHO	Board	Board	Board
ILLINOIS	Dept. of Reg. & Educ.	LCME	Dept.
INDIANA	Board	Board	Board
IOWA	Board	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	b		
LOUISANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Board(c)	Task Force	Task Force
MINNESOTA	Board(d)	Board	Board
MISSISSIPPI	N/A		
MISSOURI	N/A		
MONTANA	Board	Board	Board
NEBRASKA	Board(e)	Board(e)	Board(e)
NEVADA	Board	Board	Board
NEW HAMPSHIRE	Board	Board	Board
NEW JERSEY	N/A		
NEW MEXICO	Board	Board	Board
NEW YORK	Dept. of Health	Commr. of Health	Commr. of Health
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE XI-3

PHYSICIAN ASSISTANT

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board(d)	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board(d)	Board	Board
TEXAS	Board(d)	Board	Board
UTAH	Board	Board	Board
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board
WYOMING	Board(d)	Board	Board
D.C.	N/A		
PUERTO RICO	N/A		

Source: HPLIS/Council of State Governments; April, 1986

Key:

LCME = Liaison Committee on Medical Education

a No provision
b No regulations
c As directed by Task Force
d On advice of PA advisory council or committee
e On recommendation of Physician Assistant Committee

TABLE XI-4

Page 1 of 2

PHYSICIAN ASSISTANT

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x						
ARIZONA	x	x		x		x		
ARKANSAS	x	x						
CALIFORNIA	x	x	x			x		
COLORADO	x	x	x	x		x		a
CONNECTICUT								b
DELAWARE								N/A
FLORIDA		x						
GEORGIA		x						
HAWAII	x	x	x					
IDAHO	x	x	x					
ILLINOIS	x	x						
INDIANA	x	x	x	x	x	x	$1,000	
IOWA	x	x	x					c,d,e
KANSAS		x						
KENTUCKY								h
LOUISIANA	x	x				x		
MAINE	x	x						
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x		x	x			
MICHIGAN	x	x			x	x		
MINNESOTA	x	x	x		x	x		
MISSISSIPPI								N/A
MISSOURI								N/A
MONTANA	x	x						
NEBRASKA	x	x	x					
NEVADA	x	x			x	x		
NEW HAMPSHIRE		x						
NEW JERSEY								N/A
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x					$100	
NORTH DAKOTA	x	x						
OHIO	x	x						

TABLE XI-4 Page 2 of 2

PHYSICIAN ASSISTANT

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x			x	x		
OREGON	x	x						
PENNSYLVANIA	x	x	x		x	x		f
RHODE ISLAND	x	x						g
SOUTH CAROLINA	x	x						
SOUTH DAKOTA	x	x						
TENNESSEE	x	x			x		$500	
TEXAS		x						
UTAH	x	x				x		
VERMONT	x	x						
VIRGINIA	x	x						
WASHINGTON		x						
WEST VIRGINIA	x	x	x					
WISCONSIN		x					$10,000	
WYOMING		x						
D. C.								N/A
PUERTO RICO								N/A

Source: HPLIS/Council of State Governments; April, 1986

Key:

a A letter of admonition
b No provision
c Require additional education or training
d Require reexamination
e Order physical or mental examination
f Require care/counseling/treatment
g Other penalties as appropriate
h No regulations formed

x Means board is given this power in law

TABLE XI-5 Page 1 of 2

PHYSICIAN ASSISTANT

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	b		
ARIZONA	a	yes	May
ARKANSAS	b		
CALIFORNIA	b		
COLORADO	b		
CONNECTICUT	b		
DELAWARE	N/A		
FLORIDA	b		
GEORGIA	b		
HAWAII	b		
IDAHO	a		
ILLINOIS	b		
INDIANA	b		
IOWA	a		
KANSAS	b		
KENTUCKY	c		
LOUISIANA	a		
MAINE	b		
MARYLAND	a		
MASSACHUSETTS	N/A		
MICHIGAN	a (if used)		
MINNESOTA	a		
MISSISSIPPI	N/A		
MISSOURI	N/A		
MONTANA	b		
NEBRASKA	a		
NEVADA	b		
NEW HAMPSHIRE	b		
NEW JERSEY	N/A		
NEW MEXICO	b		
NEW YORK	b (if used)		
NORTH CAROLINA	N/A		
NORTH DAKOTA	b		
OHIO	b		

TABLE XI-5

PHYSICIAN ASSISTANT

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	b		May
OREGON	b		
PENNSYLVANIA	b		
RHODE ISLAND	a		
SOUTH CAROLINA	a		
SOUTH DAKOTA	a		
TENNESSEE	b		
TEXAS	b		
UTAH	a		
VERMONT	a	May	May
VIRGINIA	b		
WASHINGTON	a		
WEST VIRGINIA	b		
WISCONSIN	a		
WYOMING	a		
DISTRICT OF COLUMBIA	N/A		
PUERTO RICO	N/A		

Source: HPLIS/Council of State Governments; April, 1986

Key:

a Board approved exam
b NCCPA certifying exam
c No regulations formed

Blank spaces mean no requirement listed in law

TABLE XI-6 Page 1 of 3

PHYSICIAN ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a					
ALASKA	b					
ARIZONA	a	c				
ARKANSAS	a	c		18		
CALIFORNIA	a,d					
COLORADO	b,d	c		21		
CONNECTICUT	a,d,e					
DELAWARE	N/A					
FLORIDA	a,d,f					
GEORGIA	a,d,	c				
HAWAII	a,d	c				
IDAHO	b,d,g					
ILLINOIS	b,h	c		21		
INDIANA	a,d					
IOWA	a,d,h	c				
KANSAS	a,d,h, or i					
KENTUCKY	r					
LOUISIANA	h and b or d	c		20		
MAINE	a,d					
MARYLAND	d	c		18		
MASSACHUSETTS	a					
MICHIGAN	a or d	c		18		
MINNESOTA	a,d,j					
MISSISSIPPI	N/A					
MISSOURI	N/A					
MONTANA	a,d, or k	c				
NEBRASKA	a,d					
NEVADA	b,h,d or l	c				
NEW HAMPSHIRE	b,d	c				
NEW JERSEY	N/A					
NEW MEXICO	d					
NEW YORK	a	c		21		
NORTH CAROLINA	a	c				
NORTH DAKOTA	d					
OHIO	d,m	c		18		

PHYSICIAN ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a,d,h	c				
OREGON	a,d					
PENNSYLVANIA	a,d	c				
RHODE ISLAND	a,d	c				
SOUTH CAROLINA	a,d	c				
SOUTH DAKOTA	a,d,j,n,o	c		18		Yes
TENNESSEE	b,d					
TEXAS	b or d					
UTAH	a,d					
VERMONT	a or p					
VIRGINIA	b,d	c				
WASHINGTON	a					
WEST VIRGINIA	b,d or q	c				
WISCONSIN	a,d					
WYOMING	d					
D.C.	N/A					
PUERTO RICO	N/A					

Source: HPLIS/Council of State Governments; April, 1986

Key:

a Successful completion of board approved or AMA approved PA training program
b Graduation from CAHEA - accredited PA program
c Good moral and professional reputation
d Succesful completion of NCCPA certifying examination or other national specialty board
e Within two years of graduation
f Medical school graduates licensed in another state and applicants with ten years medical military experience may complete a three-month program or pass the NCCPA certifying examination
g Baccalaureate degree
h High school diploma or equivalent
i Armed forces training in 14 areas
j Proof of Physician/PA agreement
k Graduate of approved medical school and pass board-approved exams
l Applicant must pass NCCPA exam within one year of certification

TABLE XI-6

PHYSICIAN ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

m Applicant eligible to take, but who has not yet taken, the NCCPA exam may be temporarily certified
n Minimum of two years clinical experience
o Proof that neither applicant nor supervising physician is currently involved in disciplinary proceedings
p Successful completion of board-approved apprenticeship program and essay and/or practical and/or oral examination
q For Type B (non-primary care) physician assistants, must be graduate of an approved non-primary care program or be a primary-care graduate with post-graduate specialization
r No regulations formed

Blank spaces mean no requirement listed in law

TABLE XI-7

Page 1 of 2

PHYSICIAN ASSISTANT

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	200		50/ann	a		b
ALASKA	50		50/bi			b
ARIZONA	100		100/ann[c]	50	25	b
ARKANSAS	50		2/ann[c]			
CALIFORNIA	25		150/bi			b
COLORADO			d			b
CONNECTICUT	d					b
DELAWARE	N/A					
FLORIDA	40		30/bi			b
GEORGIA	100		30/bi		5	b
HAWAII	25		15/bi			b
IDAHO	80		30/ann			b
ILLINOIS	25		20/bi		10	b
INDIANA	50		40/bi			b
IOWA	10		75/bi	40		b
KANSAS	50		10/ann			b
KENTUCKY	d					
LOUISIANA	155		25/ann			
MAINE	50		25/bi			b
MARYLAND	d		d			
MASSACHUSETTS	N/A					
MICHIGAN	55		50/bi	35	5	55
MINNESOTA	100		20/ann			b
MISSISSIPPI	N/A					
MISSOURI	N/A					
MONTANA	50		50/ann			b
NEBRASKA	75		65/ann	75		b
NEVADA	400	300	100	100	50	b
NEW HAMPSHIRE	40		10/ann			b
NEW JERSEY	N/A					
NEW MEXICO	50		10/ann			b
NEW YORK	50		30/bi			b
NORTH CAROLINA	100		25/ann			b
NORTH DAKOTA	N/A					
OHIO	50		5/ann			b

TABLE XI-7

PHYSICIAN ASSISTANT

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA	c		40/ann		30	b
OREGON	100		40/ann			b
PENNSYLVANIA	10		10/ann			b
RHODE ISLAND	50		15/ann			b
SOUTH CAROLINA	75			20		b
SOUTH DAKOTA	25-75		15/ann		10	25-75
TENNESSEE	100		100/bi			b
TEXAS	N/A					b
UTAH	100^{e}		30/bi		b	
VERMONT	25					b
VIRGINIA	50		10/ann			b
WASHINGTON	25		10/ann			b
WEST VIRGINIA	50		5/ann			
WISCONSIN	40		82/bi	10	5	40
WYOMING	25		5/ann			b
D.C.	N/A					
PUERTO RICO	N/A					

Source: HPLIS/Council of State Governments; April, 1986

Key:

a No temporary certificates issued
b No provision for reciprocity
c Not to exceed
d Fee schedule not established
e There are three type of fees:
Transferring from one physician to another - $95
First time certification - $100
Part time (working for a second physician) - $50

Blank spaces mean no fee is listed in law

TABLE XI-8

PHYSICIAN ASSISTANT

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	a	
ALASKA	a	
ARIZONA	a	
ARKANSAS	Limited Reciprocity	b
CALIFORNIA	a	
COLORADO	a	
CONNECTICUT	a	
DELAWARE	N/A	
FLORIDA	a	
GEORGIA	a	
HAWAII	a	
IDAHO	c	
ILLINOIS	a	
INDIANA	a	
IOWA	a	
KANSAS	a	
KENTUCKY	a	
LOUISIANA	d	
MAINE	a	
MARYLAND	a	
MASSACHUSETTS	a	
MICHIGAN	e	
MINNESOTA	a	
MISSISSIPPI	N/A	
MISSOURI	N/A	
MONTANA	a	
NEBRASKA	a	
NEVADA	a	
NEW HAMPSHIRE	a	
NEW JERSEY	N/A	
NEW MEXICO	a	
NEW YORK	a	
NORTH CAROLINA	a	
NORTH DAKOTA	a	
OHIO	a	

TABLE XI-8

PHYSICIAN ASSISTANT

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	a	
OREGON	a	
PENNSYLVANIA	a	
RHODE ISLAND	a	
SOUTH CAROLINA	a	
SOUTH DAKOTA	d	
TENNESSEE	a	
TEXAS	a	
UTAH	a	
VERMONT	a	
VIRGINIA	a	
WASHINGTON	a	
WEST VIRGINIA	d	
WISCONSIN	a	
WYOMING	a	
DISTRICT OF COLUMBIA	N/A	
PUERTO RICO	N/A	

Key:

a	No reciprocity/endorsement provision exists
b	Individuals licensed/certified in another state and practicing in Arkansas prior to 2/15/77 may register upon application and payment of fee
c-	Not permitted
d	Board may certify without examination an applicant licensed or certified by examination in another state with equivalent requirements
e	Applicant licensed or registered in another state may be granted a license if statutory requirements are met and if no disciplinary proceedings are pending

TABLE XI-9 Page 1 of 2

PHYSICIANS ASSISTANT

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	Yes	a
ARIZONA	Yes	20 hours AAPA approved cat.I
ARKANSAS	No	
CALIFORNIA	No	
COLORADO	Yes	a
CONNECTICUT	No	
DELAWARE	N/A	
FLORIDA	Yes	100 hrs. Biennially
GEORGIA	No	
HAWAII	Yes	a
IDAHO	Yes	100 hrs. Biennially
ILLINOIS	May[b]	
INDIANA	Yes	a
IOWA	Yes	50 hrs. Annually
KANSAS	Yes	50 hrs. Annually
KENTUCKY	g	
LOUISIANA	Yes	a
MAINE	May	
MARYLAND	Yes	a
MASSACHUSETTS	May	
MICHIGAN	Yes	c
MINNESOTA	Yes	50 hrs. Biennially or d
MISSISSIPPI	N/A	
MISSOURI	N/A	
MONTANA	Yes	a
NEBRASKA	No	
NEVADA	May	
NEW HAMPSHIRE	No	
NEW JERSEY	N/A	
NEW MEXICO	Yes	100 hrs. Biennially
NEW YORK	May	
NORTH CAROLINA	e	
NORTH DAKOTA	No	
OHIO	Yes	a

TABLE XI-9

PHYSICIANS ASSISTANT

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	50 hrs. Annually
OREGON	No	
PENNSYLVANIA	Yes	a
RHODE ISLAND	No	
SOUTH CAROLINA	Yes	a
SOUTH DAKOTA	No	
TENNESSEE	No	
TEXAS	e	
UTAH	No	
VERMONT	No	
VIRGINIA	Yes[f]	a
WASHINGTON	Yes	50 hrs. Annually or a
WEST VIRGINIA	Conditional	a (if employed in satellite clinic)
WISCONSIN	No	
WYOMING	No	
DISTRICT OF COLUMBIA	N/A	
PUERTO RICO	N/A	

Source: HPLIS/Council of State Governments; April, 1986

Key:

a Compliance with NCCPA continuing medical education standards; current certification
b Examining Committee may require additional courses prior to certificate renewal
c To be established by task force or PAs
d Completion of national certifying exam within two years
e Responsibility of supervising physician
f Does not apply to category II Physician Assistants (employees of penal institutions)
g No regulations formed

CHAPTER XII

STATE REGULATION OF RESPIRATORY THERAPISTS

RESPIRATORY THERAPIST

Type of State Regulation

Fifteen states regulate respiratory therapists. Twelve of these states--Georgia, Iowa, Kansas, Louisiana, Maine, Nebraska, New Mexico, North Dakota, South Carolina, Tennessee, Texas and Virginia--passed their regulatory act in 1985 or 1986. Six states require respiratory therapists to be licensed and nine states require certification. For further information on the type of state regulation see Table XII-1.

Scope of Practice

Each state identifies a scope of practice to define the areas in which a respiratory therapist can practice. All states' scope of practice for respiratory therapists are very similar. Florida's scope of practice offers a representative view. It reads:

> "Respiratory care services" include, but are not limited to, the following activities performed only upon the order of a physician licensed pursuant to chapter 458 or chapter 459, and in accordance with protocols established by the hospital, other health care provider, or the board: Therapeutic and diagnostic use of medical gases and administration apparatus, environmental control systems, humidification, and aerosols; administration of drugs and medications to the cardiopulmonary system; ventilatory support, including the maintenance and management of life support systems; bronchopulmonary drainage and breathing exercises; respiratory rehabilitation; assistance with cardiopulmonary resuscitation; and maintenance of natural airways, including the insertion of, and maintenance of, artificial airways. The term also includes specific testing techniques to assist in diagnosis, monitoring, treatment, and research. Such techniques shall be understood to include measurement of ventilatory volumes, pressures, and flows, specimen collection and analysis of blood for gas transport and acid/base determinations, pulmonary function testing, and other related physiologic monitorings of cardiopulmonary systems.

Composition of State Regulatory Bodies and Functions

The majority of states regulate respiratory therapists through the state medical board with a respiratory therapy advisory committee to the board. There are some exceptions to this general rule. In Iowa, Maine, Nebraska and New Mexico, the board reports directly to the state department of health and not to the medical board. In North Dakota the board is independent and is required to consult the North Dakota chapter of the Dakota Society for Respiratory Therapy before adopting rules.

Most states require that a physician be a member of the respiratory care board while nine states require one or more public members on the board. For complete information on the composition of the state respiratory therapy boards see Table XII-2.

The board or the state department of health issues licenses to respiratory therapists. In six states--Arkansas, California, Kansas, Maine, Texas and Virginia--the board is responsible for approving educational programs for respiratory therapists. In most states the law states that educational programs that have been approved by the AMA Committee on Allied Health Education and Accreditation will be accepted by the state. In ten states the board or examining committee is responsible for promulgating rules. In the remaining states the department has this responsibility. (See Table XII-3).

All states, with the exception of Arkansas, allow the respiratory therapists' regulating body to suspend or revoke licenses or certificates. In Arkansas the board may revoke but cannot suspend the license. A few states permit the board to administer a fine and some boards can institute a probationary period. See Table XII-4 for a complete list of enforcement actions state boards can utilize.

All states require a written examination be given before an initial license is issued. No states require an oral or practical examination be administered to respiratory therapy applicants (see Table XII-5). The written examination used varies from state to state with most states choosing the National Board for Respiratory Care Examination. In a few states, the board is responsible for approving and administering an examination.

Requirements for Licensure

Most state laws regulating respiratory therapy state that a high school education is a prerequisite to licensure. All states require graduation from an approved respiratory therapy educational program.

A few states require that an applicant be 18 years old before a license is issued and only Arkansas requires U.S. citizenship and state residency (See Table XII-6).

Interstate Recognition of Credentials

The majority of states endorse the license of out-of-state respiratory therapists so long as standards for licensure are equal to or better than the state from which the individual comes. Three states, California, Georgia and Louisiana, accept individuals from other states with equivalent standards if the state from which the individual comes also accepts respiratory therapists from their state. Iowa's law had no mention of reciprocity concerning respiratory therapists.

Continuing Education

Twelve states require that respiratory therapists complete some continuing education as a requirement for license renewal. Only Virginia does not require continuing education. The Arkansas and Louisiana laws do not mention continuing education.

Fee Schedule

Table XII-7 details the fees for initial licensure, examinations, license renewal and other categories regarding respiratory therapists.

TABLE XII-I

RESPIRATORY THERAPIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ARKANSAS	Licensure	72-1602
CALIFORNIA	Certification	Article 3-3731
FLORIDA	Registration[4]	468.403 (5)
GEORGIA[1]	Certification	Ch. 34 Title 43, Art.6
IOWA	Certification	Sec.7-135F.7
KANSAS**	Registration	KSA 75-3170a Sec. 1-17
LOUISIANA	Licensure	
MAINE	Licensure	9702.6
NEBRASKA	Licensure	71-102
NEW MEXICO	Licensure	61-12 B-4
NORTH DAKOTA	Licensure	HB 1313-Section 1.4 & 6
SOUTH CAROLINA*	Certification	Ch. 47, Title 40, Art.5
TENNESSEE[2]	Certification[3]	63-6-405
TEXAS	Certification	S.B #1007 Sec. 4-E
VIRGINIA	Certification	54-281.11

Source: HPLIS/Council of State Governments: April, 1986

Key:

* Signed May 6,1986
** Signed April 24, 1986

1. Georgia and Louisiana's bill to regulate respiratory therapists was just recently signed into law on April 2, 1986. Therefore, complete information is not available and the administrative regulations are not yet written.

2. Tennessee's law was signed into law on April 1, 1986. Therefore administrative regulations were not written at the time of this publication and complete information is not available.

3. Although this is designated in the Tennessee law as certification, according to this study's definition of licensure, certification and registration (see page) it is in effect licensure.

4. Although this is designated in the Florida statute as registration, according to this study's definition of licensure, certification and registration (see page 7) it is in effect certification.

TABLE XII-2

RESPIRATORY THERAPIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ARKANSAS	Arkansas St. Inhalation Therapy Examining Board	3	0	2[1]	5
	Arkansas St. Medical Board	9	0		9
CALIFORNIA	Respiratory Care Examing Cmte.	4	3	2[2]	
	Board of Medical Quality Assurance	12	7	0	19
	Dept. of Consumer Affairs				
FLORIDA	Advisory Council on Respiratory Care	2	0	3[3]	5
	Board of Medical Examiners	9	2	0	11
	Dept. of Professional Regulation				
GEORGIA	Respiratory Therapy Advisory Cmte.				
	Board of Medical Examiners				
IOWA	Respiratory Care Advisory Cmte.	2	1	2[2]	5
	State Dept. of Health				
KANSAS	Respiratory Therapist Council	3	0	2*	5
	State Board of Healing Arts				
LOUISIANA	Board of Medical Examiners	7	0	0	7
MAINE	Board of Respiratory Care Practitioners	3	2	0	5
	Dept. of Business, Occupational and Professional Regulation				
NEBRASKA	Board of Examiners in Respiratory Care Practice	2	1	1[4]	4
	Nebraska Dept. of Health				
NEW MEXICO	Advisory Board of Respiratory Care Practitioners	3	1	1[4]	5
	Dept. of Health & Environment				
NORTH DAKOTA	North Dakota Respiratory Care Examining Committee	4	2	1[4]	7
SOUTH CAROLINA	Respiratory Care Committee	5	1	3**	9
	Board of Medical Examiners				

TABLE XII-2

RESPIRATORY THERAPIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Council of Respiratory Care State Dept. of Medical Examiners Dept. of Health and Environment	2		3[7]	5
TEXAS	Respiratory Care Practitioners Advisory Board Texas Dept. of Health		3	3[5]	9
VIRGINIA	Advisory Cmte. on Respiratory Therapy Board of Medical Examiners	4	0	2[6]	6

Source: HPLIS/Council of State Governments: April, 1986

Key:

1 One member shall be a Board Certified Anesthesiologist and one member shall be a Fellow of American College of Chest Physicians
2 These two Committee members shall be physicians or surgeons
3 Three members shall be respiratory care professionals from each of the following areas: 1) respiratory care education, 2) respiratory care management and supervision, and 3) cardiopulmonary diagnostics
4 This member must be a physician
5 Three members shall be physician members from the following categories: 1) a qualified chest physician, 2) a qualified anesthesiologist, and 3) a qualified expert in thoracic medicine
6 One member shall be an at-large board certified pulmonary internist or anesthesiologist, the other shall be a member of the State Board of Medicine
7 Two members shall be hospital administrators and one member shall be a physician specializing in pulmonology
8 Georgia's law was just recently instituted and therefore complete information is not available No members specified but must include respiratory care practitioners and physicians who specialize in pulmonary medicine. Others when the board designates may be included

* One physician, secretary, and Board of Healing Arts
** Physician's with special interest in respiratory problems

TABLE XII-3

RESPIRATORY THERAPIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Exam. Cmte.	Exam. Cmte.
FLORIDA	Board	AMA/CAHE	Board
GEORGIA	Board	JRCRT	Board
IOWA	Department	AMA/JRCRT	Department
KANSAS	Board	Board	Board
LOUISIANA	Board	AMA/CME*	Board
MAINE	Board	Board/AMA	Board
NEBRASKA	Board	AMA/CAHE	Department
NEW MEXICO	Department	AMA/CAHE	Department
NORTH DAKOTA	Board	AMA/CAHE	Board
SOUTH CAROLINA	Board	AMA/CAHE	Board
TENNESSEE	Board	AMA	Board
TEXAS	Board of Health	Board of Health	Board of Health
VIRGINIA	Board	Board	Board

Source: HPLIS/Council of State Governments: April, 1986

Key:

AMA - American Medical Association
CAHE - Committee on Allied Health Education of the AMA
JRCRT - Joint Review Committee for Respiratory Therapy
CME - Council in Medical Education

* See Sec. 3304 B3 a + b, Sec. 3304 C3a, and Sec. 3307 E1

TABLE XII-4

RESPIRATORY THERAPIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
ARKANSAS		x						A
CALIFORNIA	x	x						
FLORIDA	x	x			x	x	x[1]	B/C
GEORGIA	x	x				x	x	
IOWA	x	x				x		
LOUISIANA	x	x	x			x		D
MAINE	x	x						A/D
NEBRASKA	x	x						
KANSAS	x	x	x				*	A/D
NEW MEXICO	x	x						B
NORTH DAKOTA	x	x						
SOUTH CAROLINA	x	x	x		x	x	x[3]	D
TENNESSEE	x	x			x	x	x[2]	B
TEXAS	x	x				x		D
VIRGINIA	x	x						D

Source: HPLIS: HPLIS/Council of State Governments: April, 1986

Key:

A. Board may refuse to register an applicant
B Board may deny an application for certification or registration
C. Require continuing education
D. Board may refuse to renew a license

Footnotes:

1. Fine should not exceed $1,000 for each count or separate offense
2. Fine should not exceed $500 for each count or separate offense
3. $300 or 90 days or both

*Class "C" misdemeanor

TABLE XII-4

RESPIRATORY THERAPIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ARKANSAS		x						A
CALIFORNIA	x	x						
FLORIDA	x	x			x	x	x[1]	B/C
GEORGIA	x	x				x	x	
IOWA	x	x				x		
LOUISIANA	x	x	x			x		D
MAINE	x	x						A/D
NEBRASKA	x	x						
KANSAS	x	x	x				*	A/D
NEW MEXICO	x	x						B
NORTH DAKOTA	x	x						
SOUTH CAROLINA	x	x	x		x	x	x[3]	D
TENNESSEE	x	x			x	x	x[2]	B
TEXAS	x	x				x		D
VIRGINIA	x	x						D

Source: HPLIS: HPLIS/Council of State Governments: April, 1986

Key:

A Board may refuse to register an applicant
B Board may deny an application for certification or registration
C Require continuing education
D Board may refuse to renew a license

Footnotes:

1. Fine should not exceed $1,000 for each count or separate offense
2. Fine should not exceed $500 for each count or separate offense
3. $300 or 90 days or both

* Class "C" misdemeanor

TABLE XII-5

RESPIRATORY THERAPIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ARKANSAS	A		
CALIFORNIA	B		
FLORIDA	C		
GEORGIA	To be determined		
IOWA	C/D		
KANSAS	A		
LOUISIANA	C		
MAINE	A		
NEBRASKA	E		
NEW MEXICO	C		
NORTH DAKOTA	C		
SOUTH CAROLINA	C		
TENNESSEE	C		
TEXAS	C		
VIRGINIA	C		

Source: HPLIS/Council of State Governments: April, 1986

Key:

A	A written examination must be approved and executed by the Board and Committee
B	The written examination shall be given under the direction of the examining committee
C	The National Board for Respiratory Care examination or an equivalent examination
D	Applicant must pass an examination approved by the State Dept. of Health
E	Applicant must pass the Certified Respiratory Therapy Technician examination administered by the National Board for Respiratory Care

TABLE XII-6

RESPIRATORY THERAPIST

INITIAL REQUIREMENTS FOR LICENSE

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY	OTHER
ARKANSAS	A,B	x		18	x	x	
CALIFORNIA	A,E			18			C
FLORIDA	A,F,G			18			
GEORGIA	A,F,G			18			
IOWA	F[1]						
KANSAS	B		y[2]				
LOUISIANA	A,G,B	x		18			
MAINE	F,G	x					
NEBRASKA	A,F						
NEVADA							
NEW MEXICO	A,F	x					
NORTH DAKOTA	F						
SOUTH CAROLINA	F	x					
TENNESSEE	F						
TEXAS	A,F,H						

Source: HPLIS/Council of State Governments: April, 1986

Key:

A	Completed four years of high school or its equivalent
B	Satisfactorily completed a training program which has been approved by the Board for the training of Inhalation Therapists
C	Not addicted to the intemperate use of alcohol or any narcotic drug
D	Not committed acts or crimes constituting grounds for denial of certification
E	Applicant shall be a graduate of a training program approved by the examining committee
F	Graduate of a training program approved by the AMA's Committee on Allied Health Education and accreditation
G	Registered by the National Board of Respiratory Care
H	Graduate of an educational program approved by the Board of Health

[1] Two years of supervised clinical experience in an acceptable location may be substituted for the educational requirements

[2] A period of supervised field work acceptable to the board

Blank spaces indicate no requirements listed in law

TABLE XII-7

RESPIRATORY THERAPIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ARKANSAS	$25	$25	$3			
CALIFORNIA	<$150	<$150	<$150		$10	<$200
FLORIDA	<$50	<$100	<$200/bi			
GEORGIA	*					
KANSAS	<$40	<$100	<$20		<$20	
LOUISIANA	<$25	<$50	<$25			<$75
MAINE		$80	$40			
NEBRASKA	Bet. $50-$300		<$100		$5	
NEW MEXICO	$100		$70/bi	$5		
SOUTH CAROLINA	<$200		<$50			
TENNESSEE	$70/bi					
TEXAS	$30	A	$30	$15	$10	
VIRGINIA	$100		$25			

Source: HPLIS/Council of State Governments: April, 1986

Key:

A The fee will be designated by the National Board of Respiratory Care for the National NBRC examination

Blank spaces indicate no fee levels were listed in the statutes or registration

* To be determined

TABLE XII-8

RESPIRATORY THERAPIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ARKANSAS	Reciprocity	A
CALIFORNIA	Endorsement	A
FLORIDA	Endorsement	B
GEORGIA	Reciprocity	
IOWA	No mention	
KANSAS	Endorsement	A
LOUISIANA	Reciprocity	A
MAINE	Endorsement	B
NEBRASKA	Endorsement	
NEW MEXICO	Endorsement	A
NORTH DAKOTA	Endorsement	A
SOUTH CAROLINA	Endorsement	A
TENNESSEE	Endorsement	B,D
TEXAS	Endorsement	A,B
VIRGINIA	Endorsement	A

Source: HPLIS/Council of State Governments: April, 1986

Key:

A The state or territory from which the applicant comes must have equal licensure requirements
B Applicant must hold the "Registered Respiratory Therapist" credential issued by the National Board for Respiratory care or the equivalent
C Standards of applicant is determined on a case by case basis
D Graduate of an American Medical Association approved program of academic and clinical training for respiratory care therapists

TABLE XII-9

RESPIRATORY THERAPIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ARKANSAS	(No mention)	
CALIFORNIA	Yes	15yrs of approved CE biennially
FLORIDA	Yes	Not to exceed 24 hrs. biennially
GEORGIA	Yes	To be determined
IOWA	Yes	As determined by the Department
KANSAS	Yes	Determined by the Board
LOUISIANA	(No mention)	
MAINE	Yes	
NEBRASKA	Yes	20 hrs. biennially
NEW MEXICO	Yes	40 clock hrs. biennially
NORTH DAKOTA	Yes	Determined by the Board
SOUTH CAROLINA	Yes	Determined by the Board
TENNESSEE	Yes	12 hrs. every 2 years
TEXAS	Yes	18 hrs. every 3 years

Source: HPLIS/Council of State Governments: April, 1986

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

Survey Results

In April 1985, The Council of State Governments conducted a written survey of all states which have sunset laws*. We asked states to list professions and occupations that have been reviewed under sunset performance audits in 1985 and 1986. We further requested that major actions resulting from the audit be listed. If there were no audits conducted in 1985 or 1986, we asked for a brief explanation.

Table XIII summarizes the responses by state and health profession. The survey produced these findings of sunset across the states during 1985-1986.

- The Arkansas and Mississippi sunset laws have expired.
- Only one board, the Louisiana Board of Osteopathy, was abolished in 1985 or early 1986.
- Connecticut and New Mexico will not conduct a sunset audit of health professional boards until 1990.
- All licensing boards were removed from sunset review in 1983 in Montana.
- In Nebraska, the sunset law was sunsetted in 1984.
- In New Hampshire, the next sunset review of health occupational boards will be in 1987.
- In South Dakota, sunset laws pertain to the administrative rules only.

For further details on sunset across the states, including which professions were reviewed, see Table XIII.

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* Federal funds were not used for this survey.

TABLE XIII

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

STATE	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Exam./Dentistry	Dental Hygienist	Emer. Med. Technician	Hear. Aid Dealer/Fitter	Homeopath	Midwife	Naturopath	Nurse (RN/LPN)	Nursing Home Admin.	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technician	Respiratory Therapist	Social Worker	Sanitarian	Speech Path. & Audio.	Sub. Abuse Counselor	Veterinarian
ALABAMA																													
ALASKA																													
ARIZONA								S[18]																					
ARKANSAS[17]																													
COLORADO				*			S										*	*	*			*			*				
CONNECTICUT[1]																													
DELAWARE[2]		*		S							S				S		*					S					S		
FLORIDA	*	*		*						*	*	*		*	*	*	*	*	*		*								*
GEORGIA												*		*[15]				*				*							
HAWAII							*			*		*				*	*				*								
INDIANA[3]																													
KANSAS[4]																													

Key: * - Reviewed in 1985 or 1986
A - Abolished
S - Statute amended or updated

TABLE XIII

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

STATE	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Exam./Dentistry	Dental Hygienist	Emer. Med. Technician	Hear. Aid Dealer/Fitter	Homeopath	Midwife	Naturopath	Nurse (RN/LPN)	Nursing Home Admin.	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technician	Respiratory Therapist	Social Worker	Sanitarian	Speech Path. & Audio.	Sub. Abuse Counselor	Veterinarian
LOUISIANA		*	*	*							*	*			*	A	*		*			*	*		*	*	*		
MAINE																						S^{16}					*	*	*
MARYLAND^{5}																													
MASSACHUSETTS																													
MISSISSIPPI^{6}																													
MONTANA^{7}																													
NEBRASKA^{8}																													
NEVADA^{9}																													
NEW HAMPSHIRE^{10}																													
NEW MEXICO^{11}																													
OKLAHOMA																													
OREGON^{23}		S	S	S			S			S	S	S					S	S	S			S					S		S

Key: * - Reviewed in 1985 or 1986
A - Abolished
S - Statute amended or updated

TABLE XIII

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

STATE	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Exam./Dentistry	Dental Hygienist	Emer. Med. Technician	Hear. Aid Dealer/Fitter	Homeopath	Midwife	Naturopath	Nurse (RN/LPN)	Nursing Home Admin.	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technician	Respiratory Therapist	Social Worker	Sanitarian	Speech Path. & Audio.	Sub. Abuse Counselor	Veterinarian
PENNSYLVANIA[21]		*		*	*						*	*			*	*	*	*	*	*	*	*							*
RHODE ISLAND[20]							*																						
SOUTH CAROLINA																													
SOUTH DAKOTA[12]																													
TENNESSEE[13]																													
TEXAS													S																
UTAH									*								S								*			S[19]	
VERMONT																													
WASHINGTON[22]		*							*	*												*							
WEST VIRGINIA																													
WYOMING[14]																													

Key: * - Reviewed in 1985 or 1986
A - Abolished
S - Statute amended or updated

FOOTNOTES

The following states did not respond to our survey and therefore are not included in this table: Alabama, Alaska, Massachusetts, Oklahoma, South Carolina, South Dakota, Vermont and West Virginia.

1. The next review of health professional boards will be in 1990.

2. The Delaware Boards of Dentistry, Optometry, Psychology, and Speech Pathology and Audiology added public members to the boards in 1985 as part of their sunset audits. The Delaware Boards of Dentistry, Nursing, and Speech Pathology and Audiology added continuing education to their regulatory statutes.

3. Indiana reviewed all occupational licensing boards in 1979.

4. No audits done in 1985 or 1986. Audits are optional at the discretion of the legislative committee.

5. The sunset cycle was completed in 1983. It will begin again in 1989.

6. Sunset program nonexistent as of July 1, 1984.

7. In 1983, all licensing boards were removed from sunset review.

8. July 1, 1984, sunset was technically sunsetted. Out of effect July 2, 1984.

9. No boards reviewed in 1984 or 1985. Nevada is not currently assigning any agencies to be reviewed.

10. All occupational boards were reviewed in 1981. The next review will be in 1987.

11. The next sunset review for health professions is scheduled for 1990.

12. In South Dakota, sunset pertains to the rules only.

13. Audit of state-regulated health professions and occupations are not scheduled in current sunset cycle.

14. Wyoming rarely reviews occupational licensing boards. The Board of Podiatry is the only occupational board that was reviewed; that was done in 1981. No boards are scheduled for the next two-year cycle.

15. Refers to dispensing optician.

16. The Psychology Board's scope of practice was expanded; board membership was increased by two professionals and one public member. Other changes enabled the board to consider other degrees as criteria for licensure.

17. The Arkansas sunset law has expired.

18. Clarified and limited scope of practice and required malpractice reporting by insurers. Established procedures for resolving jurisdictional disputes with the Board of Medical Examiners.

19. Refers to general counselor.

20. A comprehensive review of all health regulatory entities and functions was undertaken in 1982-83 by the oversight committee. Since that time, legislative oversight has been dormant, but was revived in 1985.

21. Legislation enacted to recreate regulatory boards for these professions has generally included major changes in the regulatory laws. These changes include: (1) the names of certain boards have been changed; (2) authorization of the immediate suspension of a practitioner's license when the board determines that there is an immediate and clear danger to the public health and safety; (3) authorization for the board to directly prosecute and fine individuals who violate the regulatory laws, including persons that practice without a license; (4) requires health care facilities and health professionals to report to the regulatory board practitioners who are mentally or physically incompetent; (5) requires the various regulatory boards to be self-sustaining through licensing fees; (6) requires that board members who do not regularly attend meetings shall automatically forfeit their board membership; and (7) requires certain specific financial and operating reports to be submitted annually to specifically designated committees of the House and Senate.

22. The sunset review cycle has changed from a 6-year review cycle to a discretionary review cycle.

23. Major changes in the regulatory law were enacted from recommendations of the sunset audit team. These changes include, but are not limited to: the addition of public members to some boards, establishing a peer review system for some boards, amending continuing education laws, expanding the scope of disciplinary actions, and so on.

APPENDIX B

HEALTH PROFESSIONS UNDER STATE SUNRISE REVIEW

HEALTH PROFESSIONS UNDER STATE SUNRISE REVIEW

During the 1970s state legislatures experienced a significant increase in requests to regulate professions and occupations. More often than not the requests were initiated by the professional group and rarely, if ever, by consumers of the professional service. Few legislators had previous experience with licensing laws or with the objectives of regulation; the health, safety, and welfare of the public. The result was that most occupational groups easily convinced legislators of the need for regulation. Indeed, in many cases the need was clearly justified; but in some instances the need for regulation was not so clearcut.

When requests for regulation arise, legislators are expected to make educated decisions concerning the necessity of regulation within the timeframe of a legislative session. Legislators are concerned with this process as there is not adequate time to thoroughly research the costs and benefits that will accrue to society if the profession becomes regulated and have sought to remove initial licensing requests and research from the legislature.

As a result, approximately 16 states have adopted policies whereby requests for licensure can be thoroughly reviewed, the public benefits determined, and a recommendation to the legislature made before the licensure request goes to the legislature. This process of carefully scrutinizing requests for licensure and asking critical questions to determine regulatory need before licensure is granted is commonly referred to as sunrise and has fairly recently been introduced to the credentialing process.

Currently, Arizona, California, Colorado, District of Columbia, Georgia, Hawaii, Kansas, Michigan, Minnesota, Nebraska, New York, South Carolina, Tennessee, Vermont, Virginia and Washington have active sunrise programs and sunrise bills have been introduced in Florida, Maryland, New Jersey and Oregon. Table XIV provides information on occupations that have recently undergone a sunrise audit, the action requested by the professional group and what the recommendation was by the review committee to the legislature.

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
KANSAS	Clinical Lab Professionals	Licensure	Under consideration
	Dietitian	Licensure	Under consideration
	Family & Marriage Counselors	Licensure	Under consideration
	Occupational Therapists	Licensure	Licensure
	Opticians	Licensure	Under consideration
	Professional Counselors	Licensure	Under consideration
	Psychologists (Masters level)	Licensure	Registration
	Respiratory Therapists	Licensure	Licensure
NEBRASKA	Athletic Trainer	Licensure	Licensure
	Chiropractic	Limit scope of practice	Limit of scope not necessary
	Dentists	Decrease scope of practice	Decrease scope of practice
	Dental Assts.	Registration	Registration not needed
	Dietitians and Nutritionists	Licensure	Licensure
	Ophthalmic Dispensers	Licensure	Licensure
	Optometrist	Increase scope of practice	Do not increase scope of practice
	Professional Counselors	Licensure	Certification

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
NEBRASKA	Respiratory Care Providers	Certification	Licensure
	Social Workers		
	Clinical & Masters level	Licensure	Certification
	Baccalaureate level	Licensure	Registration
MICHIGAN	Clinical Social Worker	Licensure	Licensure
	Denturists	Licensure	Licensure
	Speech Pathologists & Audiologists	Licensure	Under consideration
MINNESOTA	Acupuncturists	Autonomous Bd. Status	Under consideration
	Chemical Dependency Practitioners	Licensure	Under consideration
	Contact Lens Technicians	Licensure	Under consideration
	Marriage & Family Therapists	Licensure	Under consideration
	Naturopaths	Licensure	Under consideration
	Opticians	Licensure	Under consideration
	Personnel & Guidance Counselors	Licensure	Under consideration
	Physician Assts.	Registration	Approved registration
	Social Workers	Licensure	Under consideration
	Veterinarian Assts.	Licensure	Under consideration

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
VIRGINIA	Athletic Trainers	Licensure	No need to license
	Corrective Therapists	Professional recognition statewide	To be considered
	Occupational Therapists	Certification	No certification
	Radiologic Technologists	Currently making application	
	Respiratory Therapists	Certification	Certification
	Sanitarians	Re-regulation	Under consideration
WASHINGTON	Acupuncturists	Certification	Under consideration
	Dental Hygienists	Independent practice	Independent practice for Bachelors level; law remains as is for 2-year level.
	Dentist	Add one dental hygienist to Dental Exam. Bd.	Under consideration
	Denturists	Licensure & independent practice	Under consideration
	Dietitians	Licensure	No need to license
	Marriage Counselor	Certification	Certification
	Mental Health Counselor	Certification	Certification
	Naturopaths	Expanded scope of practice	Under consideration
	Physical Therapists	Independent practice	To be considered
	Physical Therapy Assistants	Licensure	Under consideration

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
WASHINGTON	Radiologic Technologists	Certification	Under consideration
	Social Workers	Certification	Certification
	Surgeon Assts.	Licensure	Under consideration

APPENDIX C

RESOURCES

RESOURCES

NATIONAL ORGANIZATIONS WITH HEALTH PERSONNEL INFORMATION

General or Cross-Professional Information

American Hospital Association
840 North Lakeshore Drive
Chicago, IL 60611
Contact: Barbara Bloom Kreml, Director
Human Resources
(312) 274-2467

American Medical Association
535 North Dearborn
Chicago, IL 60610
Contact: Department of State Legislation
(312) 751-6000

American Society of Allied Health Professions
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
(202) 857-1150

Intergovernmental Health Policy Project
The George Washington University
2100 Pennsylvania Avenue, N.W., Suite 616
Washington, DC 29937
Contact: Richard Merritt, Director
(202) 872-1445

National Clearinghouse on Licensure, Enforcement and Regulation
The Council of State Governments
Iron Works Pike, P.O. Box 11910
Lexington, KY 40578
Contact: Frances S. Berry, Director
(606) 252-2291

National Commission for Health Certifying Agencies
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
Contact: Barbara Hickey, Assistant Director
(202) 857-1165

Professional Associations

American Association of Dental Examiners
211 East Chicago Avenue
Chicago, IL 60611
Contact: Molly Nadler
(312) 642-2254

Federation of State Medical Boards
2626 B West Freeway, #200
Ft. Worth, TX 76102
Contact: Dr. Bryant Galusha, Executive Vice President
(817) 335-1141

National Commission on Certification of Physician Assistants
3384 Peachtree Road, N.E., Suite 6560
Atlanta, GA 30326
Contact: David Glazer, Executive Director
(404) 656-2881

American Association for Respiratory Therapy
1720 Regal Row, P.O. Box 35287
Dallas, TX 75235
Contact: Linda Durrett, Director
Membership Services
(214) 630-3540

American Osteopathy Association
212 East Ohio Street
Chicago, IL 60611
Contact: Edward P. Crowell, O.D., Executive Director
(312) 944-2713

A9376-9.42

STATE REGULATION OF THE
HEALTH OCCUPATIONS AND PROFESSIONS: 1986-87

FINAL REPORT
JUNE 1987

Prepared by

The National Clearinghouse on Licensure,
Enforcement and Regulation and

The Council of State Governments
Iron Works Pike, P. O. Box 11910
Lexington, Kentucky 40578

Under

Contract #240-84-0094
Bureau of Health Professions
Health Resources and Services Administration
U.S. Department of Health and Human Services

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XII. The Health Occupations Under Review: An Update on State Sunrise Activity, 1985-1987. 154

By: Eugenia S. Carpenter, Gini Associates,
Ann Arbor, MI; May, 1987

XIII. Ten Years of Sunset: A Survey of States' Experiences. . . 175

By: The South Carolina State Reorganization
Commission; September, 1986

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PREFACE

States regulate over forty health occupations and professions. Each state legislature determines which health occupations and professions the state will regulate, the type of credentialing to be applied, the scope of practice of the profession, and the administrative and policymaking structures which will carry out the ongoing regulatory functions.

The Council of State Governments has published a series of research reports, beginning in 1952 with Occupational Licensing in the States, designed to provide policymakers with comparative state information on state occupational and professional regulation issues. The Council of State Governments is a national organization funded and supported by all 50 state governments. Its purpose is to conduct research and provide educational assistance to all three branches of state government in the 50 states and U.S. Territories. The National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) is an affiliated organization of the Council of State Governments. It is a national organization composed of state officials and administrators involved with occupational licensing and regulation issues.

In 1984 the Council of State Governments and the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) were awarded a three-year project by the Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Under this project, the state statutes and administrative regulations pertaining to 44 health occupations and professions have been collected. Using these laws, staff have compiled tables on the nature of state credentialing, including the administrative structures of licensing offices, state credentialing requirements, interstate reciprocal agreements, and continuing education requirements for 27 health occupations and professions.

This report--State Regulation of the Health Occupations and Professions: 1986-87--produced during the project's third year, is the principal overview of state laws governing the health professions. Special thanks for their expert advice and support during the project are extended to the members of the Health Professions Licensure Information System Advisory Committee: Dr. Joseph Hamburg, MD, Professor, University of Kentucky Medical School; Helen Herring, LCSW, Partner, Herring, Reeb and Associates; Barbara Nichols, RN, MS, FAAN, Helen Denne Schulte Visiting Associate Professor, University of Wisconsin; Dr. Benjamin Shimberg, Ph.D, Senior Research Scientist, Educational Testing Service; and Sara Townsend, Majority Whip, New Hampshire House of Representatives.

During the project's first year, two reports providing an overview of state laws governing selected health professions were compiled and published. One report--State Credentialing of the Health Occupations and Professions: 1984-85--provides 50-state comparative information on the regulation of the following professions: acupuncture; chiropractic medicine; nursing: licensed practical nurse, registered nurse, nurse practitioner and nurse midwifery; occupational therapy; physical therapy; and podiatric medicine. The second report--State Credentialing of the Behavioral Science Professions: Counselors, Psychologists and Social Workers--provides an in-depth look at state regulation of the three behavioral science professions.

During the project's second year, two additional reports were published. One report--State Regulation of the Health Occupations and Professions: 1985-86--provides 50-state comparative information on the regulation of dentists, dental hygienists, dental assistants, denturists, allopathic physicians, osteopathic physicians, physician assistants, and respiratory therapists. The other report--State Sunrise Programs: Deciding When to Regulate Health Professions--provides current information on state sunrise programs and the outcome of sunrise audits recently conducted on professional groups seeking regulation.

During the project's third and final year, in addition to this report, two special studies have also been completed. One report--State Regulation of the Radiologic Technology Professions--provides information on the states that regulate radiologists, radiation therapy technicians and nuclear medicine technologists, and provides information on laws affecting dental assistants who take radiographs. The other report--The Health Occupations Under Review: An Update on State Sunrise Activity, 1985-1987--provides recent comparative information on states utilizing sunrise programs.

Chapter XII of this report is a study of current state sunrise programs. It provides a general overview of sunrise and additional detailed information on the sunrise programs in Colorado, Minnesota and Washington. These states' sunrise programs are representative of the legislative and executive branch models of sunrise used across the states. This chapter was ably researched and written by Eugenia Carpenter, President, Gini Associates, Ann Arbor, Michigan.

Chapter XIII of this report is a comprehensive account of state sunset programs. The original sunset report was compiled and written by staff of the South Carolina State Reorganization Commission, and was summarized and edited by the Commission and LIS staff for inclusion in State Regulation of the Health Occupations and Professions: 1986-87. Special thanks go to staff of the Reorganization Commission for their fine work and contribution to this report.

Thanks are also extended to the people and organizations who reviewed the report's first draft and made comments on its substance and fact. Any remaining errors or inaccuracies, however, are the full responsibility of the report's authors. The reviewers include: Michele Mathieu, The American Dietetic Association; Mark Birenbaum, International Society for Clinical Laboratory Technologists; Eleanore M. Bors, American Medical Technologists; Sydney Oliver, American Society of Medical Technologists; Nancy Roylance, Federation of State Boards of Opticians; Sally A. Bowers, American Optometric Association; Robbi-Lynn Watnik, American Society of Clinical Pathologists; Fred Mahaffey and Carmen Catizone, American Association of Boards of Pharmacy; Joan Z. Saah, American Pharmaceutical Association; Constance E. Lynch, American Speech-Hearing-Language Association; and Edward R. Ames, American Veterinary Medical Association.

The Project Director for this report is Frances Stokes Berry, the Council of State Governments' Director of the Center for Health and Regulation, and Director of CLEAR. The research associate is Ellen Hume.

Andy Arnett, Dag Ryen and Barbara Schafer have served as research assistants for the project. Pat Bancroft has been the project's secretary and meeting coordinator and has typed multiple drafts of the project's reports cheerfully and competently.

The Project Officer has been B. Jerald McClendon, Bureau of Health Professions, HRSA, U.S. Department of Health and Human Services. The Council of State Governments and CLEAR gratefully acknowledge the Health Resources and Services Administration's support under Contract #240-84-0094, without which this project could not have been undertaken.

Carl Stenberg, Executive Director
The Council of State Governments

Gary Clark, CLEAR Chairman
Executive Secretary
State Board of Registration
for the Healing Arts
Jefferson City, Missouri

CHAPTER I

INTRODUCTION

INTRODUCTION

1.1. Background

In the past decade, consumers have experienced significant changes in the availability and type of health care services offered in the United States. One widespread change is the large-scale growth of specialty or allied health professions, many of which are spinoffs of previously established health professions. Both positive and negative outcomes have resulted from these changes.

One consequence of the increasing number of specialized health care groups is felt within state legislative systems. Each year numerous occupational and professional groups approach state legislators with requests for regulation of their occupation or profession. It is often difficult for individual legislators to become thoroughly educated on the issues involved in state regulation of occupations and professions within the short timeframe of a legislative session. Consequently, legislators have adopted innovative new methods such as "sunrise" programs which require that any proposed new regulatory legislation be reviewed and evaluated by legislative staff or a committee of health experts which, after thorough study, makes recommendations to the legislature.

Sunrise is one of the latest steps in a process which began in the mid-1970s, when states began earnestly to educate themselves about the complications involved with, and the necessity of providing, state regulation of diverse health care occupations and professions. Cost to the consumer has been an important consideration. Because licensing statutes typically include educational and experience requirements, it is commonly believed that occupational regulation will increase the cost of the service. The educational and other expenses incurred by the licensee are typically passed on to the consumer in the form of higher fees. Licensure also restricts entry into the profession to those willing to pay the necessary entry costs. One result is fewer practitioners, less competition and higher prices for the service. Some geographical areas, particularly rural areas, may suffer as a result. Some rural areas are actually left without any practitioners at all to serve their citizens.

Frequently, legislative battles between professions and occupations are fought over scope-of-practice statutes. The scope of practice for established professions may unnecessarily restrict services that auxiliary or specialty occupations may provide, and thus cause auxiliaries to be underutilized. Again, rural areas may be most adversely affected.

Another source of difficulty is that licensing laws for any given occupation vary from state to state. They often include different standards for training, experience requirements, examination pass rates and the exam itself. One result of these differences is that a license in one state does not necessarily qualify practitioners to practice their occupation in another state. The interstate mobility of practitioners is further hampered by a lack of uniform reciprocity agreements between states. Consequently, the supply of professionals in some geographical areas remains unstable and inadequate.

The original purpose of professional licensing laws was to protect the public from charlatans and from the incompetent practice of the profession. The quality of licensure can be judged by how effectively these goals are met. It may well be that consumers are willing to pay higher prices for services in exchange for government-regulated services. Rarely, however, do consumers champion the need for state regulation. In some cases state regulation, specifically licensure, may be a vehicle by which occupational groups create and then protect their scopes of practice, limit professional competition and augment their professional status.

Some legislators have begun to explore alternatives to state regulation, such as professional credentialing by private certifying agencies. As previously mentioned, innovative methods for determining true need for regulation, such as sunrise programs, are also being implemented. Several projects or reports that provide information on state regulation of the occupations and professions and possible alternatives to regulation are available to state officials and others who want to be well informed on these subjects. (See Introduction and page 8 of this report).

One 1977 report, A Proposal for Credentialing Health Manpower, made several substantive recommendations to the licensing community. Among them was the recommendation that a national certification commission be established to develop, evaluate and oversee national standards for private certifying agencies in health occupations. Following this recommendation, the National Commission for Health Certifying Agencies was formed in 1977 and was given the task of developing standards of excellence in the private credentialing of health care personnel. The Commission consists of voluntary certifying agencies that issue credentials attesting to the competence of individual health professionals in a given field.

In the 1980s, the U.S. Department of Health and Human Services, through the Health Resources and Services Administration, provided several types of support for credentialing efforts in the health professions. Task analyses and role delineation studies were funded to assist in the development of national examinations. Also, a major project was funded to document and support the State of the Art in Continuing Competency Assessment for privately certified and state regulated health occupations and professions.

Recently, the Health Professions Licensure Information System was created by the Bureau of Health Professions, The Council of State Governments, and the National Clearinghouse on Licensure, Enforcement and Regulation, to collect and make available the state practice acts and administrative regulations of the health occupations and professions; to provide a yearly overview of state legislative and judicial activity concerning health professions; and to provide in-depth information on the state regulation of selected health occupations and professions.

1.2. Purpose and Methodology of Report

This report is a factual document, intended for state and federal policymakers, college and university health faculty, professional association staff, and health care practitioners. The purposes of the report are threefold:

(1) To provide an overview of health personnel credentialing laws and regulatory actions during the year 1986-87;

(2) To provide current 50-state comparative data summaries on the most frequently asked questions about how states regulate particular health professions; and,

(3) To inform policymakers that The Council of State Governments has the 50-state statutes and regulations on 44 health occupations and professions on file for ready research.

Project staff have compiled a comprehensive collection of state statutes and regulations for the following health occupations and professions:

- Acupuncturist
- Chiropractor
- Counselor
  - Alcoholism Counselor
  - Drug Counselor
  - Marriage and Family Therapists
  - Pastoral Counselor
  - Professional Counselor
  - Substance Abuse Counselor
- Dentist
- Dental Assistant
- Dental Hygienist
- Denturist
- Dietitian
- Emergency Medical Technologist
- Hearing Aid Dealer and Fitter
- Homeopath
- Licensed Practical Nurse
- Medical Technologist
- Naturopath
- Nuclear Medicine Technologist
- Nurse Midwife
- Nurse Practitioner
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapy Assistant
- Optician
- Optometrist
- Pharmacist
- Pharmacist Assistant
- Physical Therapist
- Physical Therapy Assistant
- Physician
- Physician Assistant
- Podiatrist
- Psychologist
- Radiologic Technologist
- Radiation Therapy Technologist
- Registered Nurse
- Respiratory Therapist
- Sanitarian
- Social Worker
- Speech-Language Pathologist and Audiologist
- Veterinarian
- Veterinary Technician

This study is based on an extensive review of current state statutes and regulations. Officials in all states were asked to provide copies of statutes and regulations in force for each of the professions included. Detailed information was extracted from the in-house library compiled in this manner. Material was not solicited by a direct 50-state survey.

When requests for copies of laws were not met, supplementary research was conducted at the law libraries of the University of Kentucky and the University of Iowa. In all cases, the most current statutes and regulations available were used as a basis for the material in this study.

Extensive follow-up telephone calls for clarification and information were made to state licensing officials and regulatory experts. In addition, drafts of the report were provided to national professional associations and the LIS Advisory Committee, and the comments from these reviews were incorporated extensively when justified. The cooperation of these individuals was of great value in the preparation of this report.

1.3. State Sunset and Sunrise Processes

During the 1970s, states' general interest in regulatory reform gave birth to sunset laws. First passed by Colorado in 1976, and later by 38 states, sunset's unique feature was automatic termination for boards and agencies unless the legislature took positive measures to reenact them. Without exception, state sunset laws included occupational and professional licensing boards in their review cycles.

Many people believed sunset would lead to wholesale deregulation of the professions, but this did not occur. Only a few occupations and professional licensing boards have been terminated under sunset, and in almost every case, state regulation has been reinstated within a few years. Frequently, however, boards' duties have been combined or reorganized within a state as a result of sunset.

Chapter XIII of this report contains partial results of a 1986 study by the South Carolina Reorganization Commission on sunset reviews in 28 states. The tables in this chapter outline sunset programs, their accomplishments and shortfalls.

Sunset performance reviews commonly resulted in administrative and structural reforms, yet sunset laws themselves have come under scrutiny by state legislatures as unnecessary or ineffective. Mississippi, Nebraska, New Hampshire and North Carolina have repealed their sunset laws. Other states, such as Illinois and Kansas, have essentially inactivated the sunset reviews while leaving the laws on the books. Still other states, e.g., Connecticut, have completed the initial review of occupational and professional licensing boards and will not resume another cycle of sunset reviews until the late 1980s.

Finding that sunset laws have done little, if anything, to stem the constant flow of new requests for state regulation of health occupations, legislators have turned with interest to a related program--the sunrise process. Under sunrise programs, a legislative or legislatively-enacted body reviews requests by representatives of unregulated health occupations for licensure or certification of their professions. The process can include a series of cost/benefit analyses and other questions designed to solicit information from each requesting occupational group to determine whether state regulation is needed and appropriate. (Minnesota has incorporated an extensive list of cost/benefit criteria through administrative regulations in its sunrise program.) For information on each state's sunrise program, see State Sunrise Programs: Deciding When to Regulate Health Occupations (published by The Council of State Governments/CLEAR, produced under the Health Professions Licensure Information System). A summary of this sunrise report is included as Chapter XII of this report.

1.4. Types of State Credentialing

State regulation of health occupations and professions takes three forms: licensure, certification and registration. These three types of credentialing provide different levels of restriction on entry into the occupation or profession, with **licensure** typically requiring the most education, training and experience. Licensure statutes include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state. Through licensure laws, states usually administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent or fraudulent practitioners.

Certification generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements with respect to predetermined competence and standards. However, in many instances states adopt "statutory certification," which limits use of particular titles to persons meeting predetermined requirements, while persons not certified can still practice the occupation or profession. For the purpose of this report, "certification" is "statutory certification."

Registration is the least restrictive form of state regulation. It can be as simple as requiring a person to provide his name, address and training to a state agency, or registration can require individuals to first meet minimum practice standards before registering and using the title of registered practitioner. As with certification, unregistered persons are permitted to practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal.

Some professions (registered nurses, for example) use terms such as registration or certification to describe professional regulation that by our definitions of the three types of state credentialing is really licensure. Whenever this occurs and is reported in the tables for the professions under study in this report, it is footnoted and an explanation given.

1.5. Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of pharmacists, the board has the power to approve educational programs and many do. However, some boards have chosen to approve programs accredited by the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, the U.S. Office of Education, and the American Council of Pharmacy. The board still has the power to approve programs that are not recognized by the national accrediting agency.

Enforcement Functions

Table 4 of Chapters III through XI of this report provides information on the enforcement functions of state licensing boards. Following is a list with definitions of the enforcement functions we included in the tables.

Suspend	The professional is not permitted to practice for a period of time.

Revoke	Involves the involuntary termination of the professional's license.
Restrict License	A reduction in the scope-of-practice.
Censure	Similar to a reprimand. The agency makes an official statement of displeasure concerning the individual.
Reprimand	The administrative agency reproves the professional. There may be public or private reprimands.
Probation	The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.
Fine	A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Reciprocity and Endorsement

Table 8 of Chapters III through XI of this report provides information on state laws concerning license endorsement and reciprocity agreements for out-of-state registrants. As used in this report, **endorsement** is a waiver of the license examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the table dealing with reciprocity and endorsement. With reciprocity agreements, the professional may practice in a state other than in the one in which he/she obtained the initial license only if the state which issued the original license allows the professionals licensed in the entering state to practice their profession within the original state. There are conditions which accompany reciprocity in many of the states.

1.6. Major Trends in Occupational Regulation

State policymakers continue to grapple with most of the same regulatory issues which were on the agenda in the early 1970s, although some issues, such as adding consumer representation to licensure boards, have had new solutions proposed and enacted. But with growing concern over burgeoning health care costs and incompetent practitioners, these issues are in the limelight again in the 1980s.

During the 1970s and 1980s, several major developments have had a significant impact on professional regulation. One continuing trend is the consumer movement that has been evolving since the early 1970s. The consumer movement has brought about a redefinition of certain issues once thought to be strictly within the purview of the profession. One outcome of the consumer movement has been the addition of public members to licensing boards in most states. The California Public Member Act requires that a majority of board members be selected from the general public, except for health and accountancy boards where one-third of the members are chosen from the public, but most states have added only one or two public members to boards.

Another change in licensing has resulted from the effort to reorganize, centralize, and ultimately streamline state governments. In the licensing area one result of this movement has been the creation of central licensing agencies. Before 1970, only 16 states had established central agencies for professional licensing; by 1985, 36 states had some type of a centralized structure.

Licensing laws increasingly include provisions that attempt to ensure professional competence, not only at the time of entry into the profession, but also throughout the practitioner's professional life. Mandatory continuing education (MCE) is the most widely used vehicle to accomplish this purpose. Recently, MCE has been criticized for several reasons, including the high cost to practitioners which ultimately is passed on to consumers, the unproven relationship between course work taken and practitioner performance, and the uneven quality of course work offered for MCE. A 1983 study of continuing education requirements by the California Department of Consumer Affairs reported that: (1) most licensing board staff found little or no benefit to the public or licensees from MCE; and (2) the total annual cost for licensees of 11 selected occupations in the department to meet the state MCE requirement (excluding lost income) was approximately $240,000,000. When reported lost income is considered, the cost jumps to an astounding $416,000,000.

A few states have considered other methods to ensure continuing individual competency, but few resources have been devoted to developing other methods. Private certifying agencies have devoted more resources and attention to the problem and possible solutions. The National Commission for Health Certifying Agencies will publish a report in 1987 on The State of the Art in Continuing Competency Assessment, which discusses a variety of methods, including self-assessment tests, periodic reexamination, chart audits, peer review, and computerized simulations which are currently being used by private certifying agencies to promote continuing competency for professionals.

Most state statutes specify that "good moral behavior" be demonstrated by applicants for licensure before a license is granted. Historically, good moral behavior is left undefined and vague in the statutes. This practice has led to several court challenges by rejected applicants and with a lack of definition the typical decision favors the plaintiff. The result is a trend toward defining the meaning of good moral behavior. New laws tend to include extended definitions and many states have changed their laws and defined what good moral behavior means. An example of good moral behavior defined by the Delaware chiropractic statute (DCA 707(a)) is: "An applicant who is applying for examination and licensure shall have the following qualifications: he/she shall not have been convicted of a felony, nor have been professionally penalized or convicted of drug addiction, convicted of unlawfully prescribing drugs, convicted of willfully violating the confidence of a patient, nor have been professionally penalized or convicted of fraud."

1.7. Further Sources of Information on Occupational Regulation

The background section above provides a brief overview of some of the issues and problems in state licensing today. For a more thorough examination of the topic, readers may consult a number of other publications.

As mentioned in the Preface, four recently published reports are available from The Council of State Governments produced under the Health Professions Licensure Information System (through a contract with the U.S. Department of Health and Human Services). Copies of these publications can be obtained by contacting The Council of State Governments.

For those who would like further information about credentialing in the health sector, the following books provide a more detailed analysis of current practices in the United States.

o Occupational Licensing: A Public Perspective, Benjamin Shimberg, Educational Testing Service, Princeton, New Jersey, 1980, 1982.

A study of the history and recent trends in occupational licensing. Shimberg discusses a number of relevant topics including recent changes in the traditional bans on advertising and competitive bidding, the impact of licensing on accessibility and cost, and potential conflicts between licensing and the public interest. He also presents extensive recommendations on practical reforms and about how the public can be more involved.

o Of Foxes and Hen Houses: Licensing and the Health Professions, Stanley J. Gross, Quorum Books, Westport, Connecticut, 1984.

As the title indicates, this work is a broad indictment of the practice of licensing. The author concludes that "licensing fails to assure its legitimate purpose of furthering competence and honesty in service." He arrives at this conclusion after a review of the history of licensing, a discussion of the arguments for and against licensing, and a discussion of current practices. He looks at the concepts of professions and peer review, analyzes some theories and models of regulatory legislation and discusses various methods of evaluating competence and quality. In closing, Gross also suggests some alternatives to professional licensing.

o A New Approach to the Economics of Health Care, edited by Mancur Olson, American Enterprise Institute for Public Policy Research, Washington, D.C., 1981.

A thorough, in-depth study of the economic impact of health care policies. Through a series of articles presented at a conference sponsored by the American Enterprise Institute for Public Policy Research, the importance of economic decisions with respect to the American health care system is detailed. The distinguished authors discuss such wide-ranging topics as rising health costs, comparative studies on health care systems in other countries, regulatory methods in the health field, and the relationship between insurance programs and health care economics. In his introductory essay, the editor discusses the likely impact of new programs such as prepaid health care on total health costs and the need for greater price competition in the U.S. health care system.

o The Rule of Experts: Occupational Licensing in America, S. David Young, Cato Institute, Washington, D.C., 1987.

The author's thesis in this publication is that licensing serves to protect those already in an occupation from competition and delivers monopoly profits to practitioners at the expense of consumers.

CHAPTER II

STATE REGULATION OF THE HEALTH OCCUPATIONS AND PROFESSIONS: 1987

STATE REGULATION OF THE HEALTH OCCUPATIONS AND PROFESSIONS: 1987

States regulate a wide range of health-related professions, from the most invasive forms of primary health care such as that provided by physicians and dentists, to more peripheral, auxiliary professions such as sanitarians and denturists. Each year, regulation increases as jurisdictions across the nation bring new professions under their regulatory umbrellas.

The most significant trend in recent years appears to be the continued diversification and specialization of licensure and certification efforts. As health care becomes more complex, and health professionals more specialized, new professional specialties are constantly being considered for regulation.

The major thrust of state regulation still encompasses the traditional primary health professions. Every jurisdiction licenses physicians, dentists, chiropractors, nurses (RNs and LPNs), optometrists, pharmacists, physical therapists, podiatrists, nursing home administrators, and veterinarians. (See Table II). In addition, every jurisdiction regulates, either through licensure or certification, dental hygienists and nurse midwives. Psychologists and emergency medical technicians are regulated in all but one jurisdiction.

State legislatures seem to be increasingly more willing to regulate technical professions, such as radiologic technicians and respiratory therapists, as well as subordinate professions such as pharmacists assistants and veterinary technicians. The list of states which regulates these auxiliary professions grows every year.

Licensure remains the most common form of regulation, even for newly-added, specialized professions. But certification and registration are more likely to be used in regulating subordinate occupations generally practiced under the supervision of a licensed primary health care professional. This is true, for instance, of dental assistants and veterinary technicians. (See Table II).

Despite the advent of sunset legislation in many jurisdictions, no health-related profession has experienced a decline in state regulation. Judging from recent activity, state regulation of health professions is likely to play an increasingly significant role in health care development across the nation.

TABLE II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: 1987

	Acupuncturist	Chiropractor	Counselor, Professional	Counselor, Alcoholism	Counselor, Drug	Counselor, Pastoral	Counselor, Substance Abuse	Dentist	Dental Assistant	Dental Hygienist	Denturist	Dietitian	Emergency Medical Technologist	Hearing Aid Dealer & Fitter	Homeopath
ALABAMA		L	L					L		L		R	L	L	
ALASKA	BA	L						L		L			L	R	
ARIZONA		L						L	C	L	C		L	L	L
ARKANSAS		L	L					L	C	L			L	L	
CALIFORNIA	L	L						L	L	L		R	L	L	
COLORADO		L						L		L			L		
CONNECTICUT		L						L		L			L	L	L
DELAWARE		L						L	C	L			L	L	
FLORIDA	L	L	L	C		L		L	C	L			L	L	
GEORGIA	BA	L	L					L		L		C	L	L	
HAWAII	L	L						L		L			L	L	
IDAHO		L	C					L		L	L		L	L	
ILLINOIS		L						L		L			L	L	
INDIANA		L						L	C	L			L	L	
IOWA		L						L	C	L		L	L	L	
KANSAS		L	L					L		L			L	L	
KENTUCKY		L						L	C	L			L	L	
LOUISIANA	**	L						L		L		R	L	L	
MAINE		L					R	L	C	L	L	R	L	L	
MARYLAND	R	L	L					L	C	L		*	L	L	
MASSACHUSETTS	L	L						L	C	L			L		
MICHIGAN		L						L	L	L			L	L	
MINNESOTA		L						L	C	L			L	L	
MISSISSIPPI		L	L					L	C	L		L	L	L	
MISSOURI		L	L					L		L			L	L	
MONTANA	L	L	L					L	C	L	L	R	L	L	
NEBRASKA		L	L					L		L			L	L	
NEVADA	L	L						L		L			L	L	L
NEW HAMPSHIRE		L				C		L	C	L			L	L	
NEW JERSEY	L	L						L	L	L			L	L	
NEW MEXICO	L	L						L	C	L			L	L	
NEW YORK	L	L						L		L			L	R	
N. CAROLINA		L	C					L	C	L			L	L	
N. DAKOTA		L						L		L		C	L	L	
OHIO		L	L					L		L		L	L	L	
OKLAHOMA		L	C					L	C	L		L	L	L	
OREGON	L	L						L	C	L	C		L	L	
PENNSYLVANIA	R**	L						L		L			L	L	
RHODE ISLAND	L	L						L		L			L	L	
S. CAROLINA	**	L	L					L	C	L			L	L	
S. DAKOTA		L						L		L			L	L	
TENNESSEE		L	C					L	C	L			L	L	
TEXAS		L	L					L		L		C	L	L	
UTAH	L	L						L	C	L		C	L	L	
VERMONT	R	L						L	L	L			L		
VIRGINIA	BA/R	L	L	C	C	C		L		L			L	L	
WASHINGTON	C	L						L		L			L	L	
WEST VIRGINIA	BA/R	L	L					L		L			L	L	
WISCONSIN		L						L		C			L	L	
WYOMING		L	*				C	L		L			L	L	
D.C.	L	L						L		L		L	L		
PUERTO RICO		L						L	L	L		L			

Source: HPLIS/Council of State Governments; May, 1987

Key: C=Certification / L=Licensure / R=Registration
- * Enabling legislation
- ** Practice under the supervision of licensed M.D.
- + Licensed in New York City, but not in New York
- ++ Identified in practice act, but not recognized
- BA Board approval submitted by licensed physician
- NR No current state regulation

TABLE II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: 1987

	Medical Technologist	Nuclear Medicine Technologist	Nurse, Licensed Practical	Nurse Midwife	Nurse Practitioner	Nurse, Registered	Nursing Home Administrator	Occupational Therapist	Occupational Therapy Assistant	Optician	Optometrist	Pharmacist	Pharmacist Assistant	Physical Therapist
ALABAMA			L	C	C	L	L				L	L		L
ALASKA			L	C	C	L	L			L	L	L		L
ARIZONA			L	C	C	L	L			L	L	L		L
ARKANSAS			L	C	C	L	L	L	L	L	L	L		L
CALIFORNIA	L	*	L	C	C	L	L	C	C	L	L	L		L
COLORADO			L	C	C	L	L				L	L		L
CONNECTICUT			L	C	C	L	L	L	L	L	L	L		L
DELAWARE		*	L	C	C	L	L	L	L		L	L		L
FLORIDA	L	L	L	C	C	L	L	L	L	L	L	L		L
GEORGIA			L	C	C	L	L	L	L	L	L	L		L
HAWAII	L		L	C		L	L	C	C	L	L	L		L
IDAHO			L	C	C	L	L	L	L		L	L		L
ILLINOIS	C	L	L	C		L	L	L	L		L	L		L
INDIANA		*	L	C	*	L	L				L	L		L
IOWA		*	L	C	C	L	L	L	L	L	L	L		L
KANSAS			L	C	C	L	L	R	R		L	L		L
KENTUCKY		*	L	C	C	L	L	L	L	L	L	L		L
LOUISIANA		L	L	C	C	L	L	L	L		L	L		L
MAINE		L	L	C	C	L	L	L	L		L	L		L
MARYLAND			L	C	C	L	L	L	L		L	L		L
MASSACHUSETTS			L	C	C	L	L	L	L	L	L	L		L
MICHIGAN	L	*	L	C	C	L	L				L	L		L
MINNESOTA		*	L	C		L	L				L	L		L
MISSISSIPPI			L	C	C	L	L				L	L		L
MISSOURI			L	C		L	L				L	L		L
MONTANA			L	C	C	L	L	L	L		L	L		L
NEBRASKA			L	C	C	L	L	L	L		L	L		L
NEVADA			L	C	C	L	L			L	L	L		L
NEW HAMPSHIRE			L	C	C	L	L	L	L		L	L		L
NEW JERSEY		L	L	C	C	L	L			L	L	L		L
NEW MEXICO		*	L	C	C	L	L	L	L		L	L		L
NEW YORK	+		L	C		L	L	L	L	L	L	L		L
N. CAROLINA			L	C	C	L	L	L	L	L	L	L		L
N. DAKOTA			L	C	C	L	L	L	L		L	L		L
OHIO			L	C		L	L	L	L	L	L	L		L
OKLAHOMA			L	C	C	L	L	L	L		L	L		L
OREGON			L	C	C	L	L	L	L		L	L		L
PENNSYLVANIA		*	L	C	C	L	L	L	L		L	L		L
RHODE ISLAND			L	C		L	L	L	L	L	L	L		L
S. CAROLINA			L	C	C	L	L	L	L	L	L	L		L
S. DAKOTA			L	C	C	L	L	L	L		L	L		L
TENNESSEE	L	*	L	C	C	L	L	L	L	L	L	L		L
TEXAS			L	C	C	L	L	L	L		L	L		L
UTAH			L	C	C	L	L	L	L		L	L		L
VERMONT		L	L	C	C	L	L			L	L	L		L
VIRGINIA			L	C	C	L	L			L	L	L		L
WASHINGTON			L	C	C	L	L	L	L	L	L	L	L	L
WEST VIRGINIA			L	C		L	L	L	L		L	L		L
WISCONSIN			L	C		L	L				L	L		L
WYOMING		L	L	C	C	L	L				L	L		L
D.C.			L	C	C	L	L	L	L		L	L		L
PUERTO RICO		L	L	C		L	L	L	L	L	L	L		L

Source: HPLIS/Council of State Governments; May, 1987

Key: C=Certification / L=Licensure / R=Registration
* Enabling legislation
** Practice under the supervision of licensed M.D.
+ Licensed in New York City, but not in New York
++ Identified in practice act, but not recognized
BA Board approval submitted by licensed physician
NR No current state regulation

TABLE II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: 1987

	Physical Therapy Assistant	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technologist	Radiation Therapy Technologist	Respiratory Therapist	Sanitarian	Social Worker	Speech-Language Pathologist & Aud.	Therapist, Marriage & Family	Veterinarian	Veterinary Technician
ALABAMA	L	L	C	L	L					L	L		L	R
ALASKA	L	L	L	L	L								L	R
ARIZONA		L	C	L	C	L	L		L				L	C
ARKANSAS	C/R	L	C	L	L			R	L	L	L		L	C
CALIFORNIA	R	L	L	L	L	L	L	C	L	L	L	L	L	R
COLORADO		L	C	L	L					L/R			L	++
CONNECTICUT		L		L	L			*	L	L	L	C	L	C
DELAWARE	L	L	R	L	L	*	*			L	L		L	
FLORIDA	L	L	C	L	L	L	L	C	C	L	L	L	L	C
GEORGIA	L	L	C	L	L			C		L	L	L	L	R
HAWAII		L	C	L	L	L	L	*	L		L		L	
IDAHO	R	L	R	L	L				L	L			L	
ILLINOIS		L	C	L	C	L	L	*	C	R			L	C
INDIANA	C	L	C	L	C	L	*		L		L		L	R
IOWA		L	C	L	L	L	*	C		L	L		L	R
KANSAS	C/R	L	R	L	C			R	C	L			L	R
KENTUCKY	C	L	C	L	C/L	L	*		L	L	L		L	C
LOUISIANA		L	C	L	L	L	L	L	L	L	L		L	
MAINE	R	L	R	L	L	L	L	L		R	L		L	R
MARYLAND	L	L	C	L	L	*	*	*	L	L	L		L	R
MASSACHUSETTS	L	L	R	L	L	*	*	L	L	L	L		L	
MICHIGAN		L	L	L		*	*		C	R		C	L	C
MINNESOTA		L	C	L	L	*	*	*	C	*		L	L	R
MISSISSIPPI		L		L	L					L	L		L	R
MISSOURI		L		L	L			*	C		L		L	R/C
MONTANA		L	C	L	L	L	*		L	L	L		L	
NEBRASKA	C	L	C	L	L			L	L	L	L		L	C
NEVADA	C/R	L	C	L	C			*			L	C	L	L
NEW HAMPSHIRE	R	L	C	L	C					C			L	
NEW JERSEY	R	L		L	L	L	L		L		L	L	L	R
NEW MEXICO	L	L	C	L	C	*	*	L			L		L	R
NEW YORK	C/R	L	R	L	L	L	L	*	C	L	L		L	R/L
N. CAROLINA	L	L	R	L	L			*	L	C	L	C	L	R
N. DAKOTA	L	L	C	L	L			L		L	L		L	R
OHIO	L	L	R	L	L			*	L	L/R	L		L	R
OKLAHOMA	L	L	C	L	L				L	L	L		L	C
OREGON	L	L	C	L	L	L	L		L	R	L		L	C
PENNSYLVANIA	R	L	C	L	L	*	*	*	C		L		L	C
RHODE ISLAND		L	R	L	C			C	L	R	L		L	
S. CAROLINA	L	L	R	L	L			C	C	R	L		L	R
S. DAKOTA	R	L	C	L	L					L			L	R
TENNESSEE	C	L	R	L	L	L	L	L	L	L	L	C	L	L
TEXAS	L	L	R	L	C/L			C	L	L/C	L		L	R
UTAH		L	R	L	L			*	L	L	L	L	L	
VERMONT	L	L	L	L	L	L	L			L			L	
VIRGINIA	L	L	R	L	L			C		L	L	C	L	C
WASHINGTON		L	R	L	L			*	C	L		C	L	R
WEST VIRGINIA	L	L	C	L	L	L	L		L	L			L	R
WISCONSIN		L	C	L	L			*	L				L	C
WYOMING	R	L	C	L	L	L	L				L	C	L	R
D.C.		L	L	L	L					L			L	
PUERTO RICO	R	L		L	L	L	L	*		L	L		L	L

Source: HPLIS/Council of State Governments; May, 1987

Key: C=Certification / L=Licensure / R=Registration
- * Enabling legislation
- ** Practice under the supervision of licensed M.D.
- + Licensed in New York City, but not in New York
- ++ Identified in practice act, but not recognized
- BA Board approval submitted by licensed physician
- NR No current state regulation

CHAPTER III

STATE REGULATION OF DIETITIANS

DIETITIAN

Type of State Regulation

Sixteen jurisdictions (including the District of Columbia and Puerto Rico) regulate the practice of dietetics: eight through licensure, five through certification, and three through registration. (See Table III-1).

Scope of Practice

The scope of practice of dietetics is largely uniform throughout the United States. An example of a dietitian's scope of practice is taken from Ohio (ORCA 4759):

> The practice of dietetics means any of the following:
>
> a. Nutritional assessment to determine nutritional needs and to recommend appropriate nutritional intake including enteral and parenteral nutrition;
>
> b. Nutritional counseling or education as components of preventive, curative, and restorative health care;
>
> c. Development, administration, evaluation, and consultation regarding nutritional care standards.

Composition of State Regulatory Bodies and Functions

Dietitians are regulated by a diverse set of structures across the jurisdictions. Twelve jurisdictions utilize a dietetic board, committee, or council. Four of those jurisdictions have departments of health or licensing under which the dietetic boards are grouped. Another three jurisdictions have direct regulation by a department of health. In every jurisdiction, the regulatory board is composed of a majority of dietitians. For complete details on the composition of the regulatory boards, see Table III-2.

In most jurisdictions, the board issues the license, approves and accredits educational programs, and promulgates rules and regulations. In a few jurisdictions, the department carries out all or some of these duties. There are several other organizations upon which boards or departments rely to approve and accredit the educational programs. These include the Council on Post-Secondary Accreditation, U.S. Department of Education, and the Northwestern and Southern Association of Schools and Colleges. (See Table III-3).

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 25 percent of the jurisdictions are allowed to reprimand the practitioner. Other available sanctions are specified in Table III-4.

Requirements for Licensure

As Table III-5 indicates, 11 jurisdictions require the applicant to pass a written examination and four jurisdictions do not require a written exam. No jurisdiction requires applicants to complete an oral or practical exam.

Fifteen jurisdictions require the applicant to hold at least a baccalaureate degree in the area of dietetics and nutrition. Three states waive this requirement if the applicant is registered by the Commission on Dietetic Registration. (The Commission has a voluntary certification program which includes strict requirements for certification similar to states' requirements.) Eleven jurisdictions require completion of an internship. Approximately 50 percent of the jurisdictions require the applicant to demonstrate good moral character and be at least 18 years old. For a more detailed breakdown of requirements for state regulation, see Table III-6.

Interstate Recognition of Credentials

As Table III-8 reveals, six jurisdictions provide for reciprocity of applicants while five jurisdictions endorse the license of an out-of-state practitioner and five jurisdictions do not have statutorily-defined reciprocity arrangements or endorsement procedures for out-of-state applicants.

Continuing Education Requirements

Only three jurisdictions require practitioners to complete continuing education credits. The state statute for each of these three states delegates authority to the board for determining the amount of required continuing education. (See Table III-9).

Fee Schedule

Available information on fee levels for seven types of fees are shown in Table III-7.

TABLE III-1

Page 1 of 1

DIETITIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Registration	
CALIFORNIA	Registration	CBPC 2585
GEORGIA	Certification	OCG 43-11-A-16
IOWA	Licensure	IC 152A.2
LOUISIANA	Registration	RS 37:3081
MAINE	Certification*	
MARYLAND	Licensure	Act 4.5 206
MISSISSIPPI	Licensure	Sec. 4 of Act
MONTANA	Licensure	MCA 37-21-101
NORTH DAKOTA	Certification	Sec. 6 of Act
OHIO	Licensure	ORCA 4759E
OKLAHOMA	Licensure	59 OS 1722
TEXAS	Certification	Art. 4512(h)
UTAH	Certification	UCA 58-49-2
D.C.	Licensure	Sec. 501
PUERTO RICO	Licensure	Sec. 2187

Source: HPLIS/Council of State Governments; May, 1987

* Although this is designated in the state law as registration, according to this report's definition of licensure, certification, and registration, it is, in effect, certification.

TABLE III-2 Page 1 of 1

DIETITIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA*					
CALIFORNIA	State Dept. of Health Services				
GEORGIA	Bd. of Exam. of Licensed Dietitians	4(a)	3		7
IOWA	Board of Dietetic Examiners				
LOUISIANA	Dept. of Health & Human Services			1(b)	1
MAINE	Dept. of Professional & Financial Regulation, Bd. of Registration of Dietetic Practice	2	2	1	5
MARYLAND	State Board of Dietetic Practice, Dept. of Health & Mental Hygiene	5(c)	2		7
MISSISSIPPI	Council of Advisors in Dietetics, Board of Health	5	1	1(d)	7
MONTANA	Dept. of Health & Environ. Svcs.				
NORTH DAKOTA	Board of Dietetic Practice	4	1		5
OHIO	Board of Dietetics	4	1		5
OKLAHOMA	Advisory Committee on Dietetic Registration, State Board of Medical Examiners	3	1	1(e)	5
TEXAS	St. Bd. of Exam. of Dietitians	6	3		9
UTAH	Dietitian Board, Division of Occupational & Prof. Licensing	4	1		5
D.C.	Board of Dietetics & Nutrition	1	1	1(f)	3
PUERTO RICO	Board of Examiners of Nutritionists & Dietitians	3	2		5

Source: HPLIS/Council of State Governments; May, 1987

Key:

* HPLIS staff were unable to determine this information
a One member shall be an educator in the field of dietetic counseling and three members shall be dietetic counselors
b The Department shall designate a secretary
c One member engaged in clinical practice; one member engaged in public health practice; one member engaged in administrative practice; one member engaged in consulting; one member shall be a faculty member
d Licensed member of the health professions
e One member shall be from the Board of Medical Examiners
f A licensed nutritionist

TABLE III-3

DIETITIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA*			
CALIFORNIA	Department	Department	Department
GEORGIA	Board	Board	Board
IOWA	Board	Board	Board
LOUISIANA	Department	a	Department
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MISSISSIPPI	Board	b	Board
MONTANA	Department	c	Department
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board
OKLAHOMA	Board	Committee	Board
TEXAS	Board	Board	Board
UTAH	Division	Division	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

* HPLIS staff were unable to determine this information
a Southern Association of Schools and Colleges
b Council on Post-Secondary Accreditation and the U.S. Department of Education
c Northwestern Association of Schools and Colleges

TABLE III-4

DIETITIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
ALABAMA	x	x					
CALIFORNIA	x	x					
GEORGIA	x	x			x		$500(a)
IOWA	x	x			x		
LOUISIANA	x	x					
MAINE	x	x					
MARYLAND	x	x					
MISSISSIPPI	x	x			x		
MONTANA	x	x					
NORTH DAKOTA	x	x				x	
OHIO	x	x				x	
OKLAHOMA	x	x			x	x	
TEXAS	x	x	x				
UTAH	x	x		x			
D.C.	x	x			x		
PUERTO RICO	x	x					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Not to exceed

TABLE III-5

DIETITIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	*		
CALIFORNIA	*		
GEORGIA	a,b		
IOWA	a		
LOUISIANA	a		
MAINE	*		
MARYLAND	a		
MISSISSIPPI	a		
MONTANA	*		
NORTH DAKOTA			
OHIO	a		
OKLAHOMA	a		
TEXAS	a		
UTAH	a		
D.C.	c		
PUERTO RICO	a		

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	No exam given
a	Board has discretion to prescribe the type of exam
b	Board may use the exam approved and administered by the Commission on Dietetic Registration of the American Dietetic Association
c	Examination of the Commission on Dietetic Registration of the American Dietetic Association; waiver of exam if applicant meets other requirements and has been employed in the practice of dietetics on a full-time or substantially full-time basis for at least three of the last five years

TABLE III-6 Page 1 of 1

DIETITIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a						
CALIFORNIA	a	≥6 mos.		18			
GEORGIA	a			18			
IOWA	a	d					
LOUISIANA	a	e					
MAINE	a,b	f				i	
MARYLAND	a	f		18		j	
MISSISSIPPI	a,c						
MONTANA	a	≥6 mos.		18			
NORTH DAKOTA	c						
OHIO	a,c	d,c			h	j	
OKLAHOMA	a	g					
TEXAS	a						
UTAH	a	e				j	
D.C.	a	e		18		j	
PUERTO RICO	a	e		>18	Yes	j	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Hold at least a baccalaureate degree in area of dietetics and nutrition
b Applicant must present evidence satisfactory to the Board of having successfully completed the academic requirements established by the American Dietetic Association or equivalent requirements as determined by the Board
c Requirement met if applicant is a registered dietitian by the Commission on Dietetic Registration
d Complete clinical experience program that is approved by the American Dietetic Association and the Board
e Complete clinical experience as required
f Must complete clinical experience program approved by Commission on Dietetic Registration of the American Dietetic Association or hold a masters or doctoral degree
g Complete internship as approved by the Committee
h Resident of state or performs substantial dietetic services within the state
i Adhere to ethical and professional standards
j Must demonstrate good moral character

TABLE III-7

DIETITIAN

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA*							
CALIFORNIA*							
GEORGIA(a)*							
IOWA*							
LOUISIANA*							
MAINE*							
MARYLAND*							
MISSISSIPPI*							
MONTANA*							
NORTH DAKOTA*							
OHIO	40(b)			30(b)	10(b)	10(b)	
OKLAHOMA	50	50		40		20	20
TEXAS	24	30	60	24		10	
UTAH(c)							
D.C.*							
PUERTO RICO		10			10	5	10

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Fees can be determined by the Board
b Board may raise these fees up to 50%
c Fees determined by Department of Business Regulation

TABLE III-8

DIETITIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	None		
CALIFORNIA	None		
GEORGIA	Endorsement	a	OCG 43-11-A-8
IOWA	Endorsement	b	IC 152A.3
LOUISIANA	None		
MAINE	None		
MARYLAND	Reciprocity	c	Act 4.5-305
MISSISSIPPI	Reciprocity	a	Sec. 8 of Act
MONTANA	None		
NORTH DAKOTA	Endorsement	a	Sec. 13 of Act
OHIO	Endorsement	a	ORCA 4759.06
OKLAHOMA	Reciprocity		59 OS 1735
TEXAS	Reciprocity	a	4512(h) Sec. 14
UTAH	Endorsement	a	UCA 58-49-6
D.C.	Reciprocity	a	DCCA 2-2305
PUERTO RICO	Reciprocity	a	Sec. 2188

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Equivalent standards
b In good standing
c Passed comparable exam or became registered by the Commission on Dietetic Registration of the American Dietetics Association

TABLE III-9

DIETITIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
CALIFORNIA	No	
GEORGIA	No	
IOWA	Yes	a
LOUISIANA	Yes	a
MAINE	No	
MARYLAND	Yes	a
MISSISSIPPI	No	
MONTANA	No	
NORTH DAKOTA	No	
OHIO	No	
OKLAHOMA	No	
TEXAS	No	
UTAH	No	
D.C.	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a At an amount to be determined by the Board

CHAPTER IV

STATE REGULATION OF MEDICAL TECHNOLOGISTS

MEDICAL TECHNOLOGIST

Type of State Regulation

Six states--California, Florida, Hawaii, Michigan, Nevada and Tennessee--regulate the practice of medical technology through licensure. New York also licenses medical technologists, but only those technicians practicing in New York City. (See Table IV-1. Since New York's law pertains to New York City only and not to the state of New York, further information on the New York act is not included in the remainder of this chapter.)

Scope of Practice

The scope of practice of medical technology is largely uniform throughout the six states that regulate them. In those states, "clinical laboratory technologist," otherwise called "medical technologist," means any person other than a licensed clinical laboratory bioanalyst or trainee who is licensed to perform the procedures in one or more of the sciences called for in a clinical laboratory under the direction of a person authorized to direct such a laboratory.

Composition of State Regulatory Bodies and Functions

Every state utilizes a department to regulate the profession--four of the states through a department of health services. Nevada regulates through the State Board of Health while Hawaii has a Department of Registration and Education. In most of the six states, professionals such as pathologists and medical technologists constitute a majority on the departmental review body. Public members are represented in Florida only. (See Table IV-2).

The department is the primary agency that issues the license or certificate, approves and accredits educational programs, and promulgates regulations. The exception is in Nevada, where the State Board of Health has these responsibilities. (See Table IV-3).

All of the regulatory bodies have the power to suspend or revoke a practitioner's license or certificate, and California, Nevada and Tennessee also utilize the option of implementing a fine of up to $1,000 for violations or offenses. (See Table IV-4).

Requirements for Licensure

The departments of all of the states require a written examination before a credential can be issued; however, no jurisdiction specifies the type of exam. Two jurisdictions also require an oral and/or a practical exam. (See Table IV-5).

All of the jurisdictions require that the applicant possess a bachelor's degree from a regionally accredited college or university and at least one year of training in a medical technology program accredited by the American Medical Association's Council on Medical Education. In addition, at least one year of training as a medical technology trainee is required. Some states also require good moral character. (See Table IV-6).

Interstate Recognition of Credentials

Two jurisdictions--California and Tennessee--will endorse the license of an out-of-state practitioner. Details of the conditions of endorsement can be found in Table IV-8.

Continuing Education Requirements

Three jurisdictions--California, Florida and Nevada--require continuing education as a condition for license renewal. (See Table IV-9).

Fee Schedule

Fee levels for six types of fees are shown in Table IV-7.

TABLE IV-1

MEDICAL TECHNOLOGIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
CALIFORNIA	Licensure(a)	1261
FLORIDA	Licensure	483.172
HAWAII	Licensure	Sec. 1-A9
MICHIGAN	Licensure	405.1315
NEVADA	Licensure	
NEW YORK	Licensure(b)	
TENNESSEE	Licensure	53-4116

Source: HPLIS/Council of State Governments; May, 1987

Key:

a "Licensure" includes certification and registration
b The licensure law in New York applies to New York City only

TABLE IV-2 Page 1 of 1

MEDICAL TECHNOLOGIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
CALIFORNIA	Clinical Laboratory Advisory Cmte. St. Dept. of Health Services	5		5(a)	10
FLORIDA	Clinical Laboratories Advisory Council, Dept. of Health & Rehabilitative Services	1	1	5(b)	7
HAWAII	Clinical Laboratories Advisory Committee, Dept. of Registration & Education	2		5(c)	7
MICHIGAN	Department of Health				
NEVADA	State Board of Health, Medical Laboratory Advisory Cmte.	2		5(d)	7
TENNESSEE	Public Health Council, State Dept. of Public Health	*	*	*	*

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Three physicians; one clinical chemist; one bioanalyst
b One licensed physician who has no financial interest in clinical laboratory; one licensed osteopathic physician who has no financial interest in clinical laboratory; one licensed non-physician director of clinical laboratory; one licensed pathologist; one licensed non-physician supervisor
c One member from the Department of Health; two members from Hawaii Medical Association; two members from Hawaii Society of Pathologists; two members from Hawaii Society for Medical Technologists
d Two pathologists; one biochemist; one practicing physician; one bioanalyst who is a laboratory director

TABLE IV-3

MEDICAL TECHNOLOGIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
CALIFORNIA	Department	Department	Department
FLORIDA	Department	Department	Department
HAWAII	Department	Department	Department
MICHIGAN	Department	Department	Department
NEVADA	Board	Board	Board
TENNESSEE	Department	Department	Department

Source: HPLIS/Council of State Governments; May, 1987

TABLE IV-4 Page 1 of 1

MEDICAL TECHNOLOGIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
CALIFORNIA	x	x					≤1000	a
FLORIDA	x	x						
HAWAII	x	x						
MICHIGAN	x	x						
NEVADA	x	x	x				≤500(b)	
TENNESSEE	x	x					50-1000	c

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Conviction by imprisonment in county jail for up to six months
b Not to exceed $500 for each offense
c Imprisoned in county jail up to 11 months

TABLE IV-5 Page 1 of 1

MEDICAL TECHNOLOGIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL		PRACTICAL
CALIFORNIA	a	a	and/or	a
FLORIDA	a			
HAWAII	b			
MICHIGAN	b			
NEVADA	b			
TENNESSEE	a	a	and/or	a

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	State-developed exam is used
b	Exam is required but no reference to a specific exam

TABLE IV-6 Page 1 of 1

MEDICAL TECHNOLOGIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
CALIFORNIA	a or b,c,d					
FLORIDA	a or b or c,e					
HAWAII	a,b,c					
MICHIGAN	a,c or b,e					
NEVADA	f					
TENNESSEE	a or e and c,b				x	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Bachelor's degree from a college or university recognized by the National Commission on Accrediting or acceptable to Department in medical technology

b Completed one year training as medical technology trainee in a program approved by Council on Medical Education of the American Medical Association

c Completed three academic years of study in college or university recognized by the National Commission on Accrediting and completion of course of training in a school of medical technology approved by Council on Medical Education of the American Medical Association

d Minimum of two years of experience as licensed trainee

e Bachelor's degree in chemical, physical or biological sciences from a college or university recognized by the National Commission on Accrediting or acceptable to Department in medical technology

f Bachelor's degree from a college or university or successfully pass the Health and Human Services Clinical Laboratory Technology Exam for Medical Technologists. (These are education and experience requirements associated with the exam.)

TABLE IV-7 Page 1 of 1

MEDICAL TECHNOLOGIST

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
CALIFORNIA	38		25		5	
FLORIDA	35 (incl. exam)		40/Bi			
HAWAII	10		3/An			
MICHIGAN*						
NEVADA	20		15/An			
TENNESSEE	5	≤50	10			

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
An Annual
Bi Biennial

TABLE IV-8

MEDICAL TECHNOLOGIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
CALIFORNIA	Endorsement	a,b
FLORIDA	None	
HAWAII	None	
MICHIGAN	None	
NEVADA	None	
TENNESSEE	Endorsement	a

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Passed examinations of the national accrediting boards whose requirements are equal to or greater than those required by the new department

b Laws and regulations established by original department are equal to or greater than those required by new department

TABLE IV-9

MEDICAL TECHNOLOGIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
CALIFORNIA	Yes	Not specified
FLORIDA	Yes	>10 hrs. biennially
HAWAII	a	Not specified
MICHIGAN*		
NEVADA	Yes	10 hrs. annually
TENNESSEE*		

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Determined by Director of Health

CHAPTER V

STATE REGULATION OF OPTICIANS

OPTICIAN

Type of State Regulation

Although all states recognize that opticians do practice opticianry in their states, only 21 states and Puerto Rico regulate the practice of opticianry through licensure. (See Table V-1). As the table reveals, Iowa is the only state that regulates the practice of opticianry by certification.

Scope of Practice

The scope of practice of opticianry is largely uniform throughout the United States. An example is taken from Arizona (ARS 32-1671):

> Dispensing Optician means any person who dispenses lenses, contact lenses, frames, artificial eyes, optical devices, appurtenances thereto or parts thereof to the intended wearer on written prescription from a duly licensed physician or optometrist, and in accordance with such prescription interprets, measures, adapts, fits, or adjusts the same for the aid or correction of visual or ocular anomalies of the human eye or who duplicates, replaces, reproduces, or repeats the same without prescription where there is no change in refractive value, provided that contact lenses shall never be dispensed without a written contact lens prescription being on file in any optical establishment, office of an optometrist or office of a physician or verbal confirmation of that written prescription.

Composition of State Regulatory Bodies and Functions

Opticians are regulated by a diverse set of structures across the states. Twenty jurisdictions utilize an opticianry board or committee. Three jurisdictions utilize a department of health, department of education, or a board of medical examiners. In all but one jurisdiction, the board is comprised of a majority of opticians. As Table V-2 reveals, 16 jurisdictions also include public members on the board. In addition, Kentucky, New Jersey, Ohio and Puerto Rico require that one or more optometrists be board members, and Virginia requires that a licensed ophthalmologist also be a board member.

In the majority of jurisdictions, the board issues licenses, approves and accredits educational programs, and promulgates regulations. In some jurisdictions (i.e., five), these duties are fully or partially carried out by the various departments. (See Table V-3).

A vast majority of the regulatory bodies have the power to suspend or revoke a practitioner's license. Except for Alaska, few jurisdictions have other sanctions available. (See Table V-4).

Requirements for Licensure

All jurisdictions require some form of written examination before a license can be issued. The examinations most commonly used include the American Board of Opticianry Exam, National Contact Lens Exam, and exams on state laws. Eighteen jurisdictions also require that a practical exam be successfully completed before initial licensure is granted. (See Table V-5).

Twenty jurisdictions require the applicant to complete either educational requirements or apprenticeship requirements. Rhode Island requires the completion of both. Most jurisdictions set a minimum age and require good moral character as a requirement for licensure. Several states require the prospective licensee to be a U.S. citizen or, in one case, a state resident. For complete details on licensure requirements, see Table V-6.

Interstate Recognition of Credentials

Eight jurisdictions provide for reciprocity, while another seven jurisdictions will endorse the license of an out-of-state practitioner. Seven jurisdictions do not provide for reciprocity or endorsement. For a detailed list of the conditions of reciprocity and endorsement, see Table V-8.

Continuing Education Requirements

Twelve jurisdictions require continuing education as a condition for license renewal. Table V-9 shows the extent and time frame requirements for continuing education credits.

Fee Schedule

Fee levels for seven types of fees are shown in Table V-7.

TABLE V-1

OPTICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALASKA	Licensure	AS 08.71.080
ARIZONA	Licensure	ARS 32-1681
ARKANSAS	Licensure	AS 72-2103
CALIFORNIA	Licensure[1]	Bus. & Prof. Code 2550
CONNECTICUT	Licensure	CGS 20-146
FLORIDA	Licensure	FS 484.001
GEORGIA	Licensure	OCG 43-29-7
HAWAII	Licensure	HRS 458-6
IOWA	Certification	153A.1
KENTUCKY	Licensure	KRS 326.030
MASSACHUSETTS	Licensure	Ch. 112-73D
NEVADA	Licensure	NRS 637.090
NEW JERSEY	Licensure	NJSA 52:17B-41.5
NEW YORK	Licensure	CLNYA 67.03
NORTH CAROLINA	Licensure	GSNC 90-234
OHIO	Licensure	ORCA 4725.40
RHODE ISLAND	Licensure	GLRI 5-35-23
SOUTH CAROLINA	Licensure	GLSC 40-38-20
TENNESSEE	Licensure	TCA 63-1403
VERMONT	Licensure	VSA 2652
VIRGINIA	Licensure	VC 54-398.3
WASHINGTON	Licensure	RCW 18.34.060
PUERTO RICO	Licensure	Act 128 Sec. 4

Source: HPLIS/Council of State Governments; May, 1987

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1. In California the optician's facility, not the individual, is licensed. Beginning in 1988 all managers of optician establishments and persons who dispense contact lenses must also be licensed. The tables in this report reflect licensure of the facilities and not the new law effective in 1988.

TABLE V-2

OPTICIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALASKA	Board of Dispensing Opticians	4	1		5
ARIZONA	State Board of Dispensing Opticians	5	2		7
ARKANSAS	Board of Dispensing Opticians	6	1		7
CALIFORNIA	Board of Medical Quality Assurance, Div. of Allied Health Professions	3	2		5
CONNECTICUT	Board of Examiners for Opticians	2	1		3
FLORIDA	Bd. of Opticianry, Dept. of Prof. Reg.	5	2		7
GEORGIA	State Board of Dispensing Opticians	5	1		6
HAWAII	Board of Dispensing Opticians	3	2		5
IOWA	Dept. of Pub. Health, Prof. Lic. Ofc.				NA
KENTUCKY	Board of Ophthalmic Dispensers	2	1	2(a)	5
MASSACHUSETTS	Bd. of Regis. of Dispensing Opticians	4	1		5
NEVADA	Board of Dispensing Opticians	4	1		5
NEW JERSEY	St. Bd. of Exam. of Ophthalmic Disp.	4		1(b)	5
NEW YORK	NYS Board of Ophthalmic Dispensing, Department of Education	*	*	*	12
NORTH CAROLINA	Board of Opticians	5	2		7
OHIO	Optical Dispensers Board	4	1	2(a)	7
RHODE ISLAND	Advisory Committee for Opticianry	4	1		5
SOUTH CAROLINA	Board of Examiners in Opticianry	5	2		7
TENNESSEE	Board of Dispensing Opticians	5			5
VERMONT	Board of Examiners of Opticians	4	1		5
VIRGINIA	Board of Opticians	3	1	1(c)	5
WASHINGTON	Examining Committee	3			3
PUERTO RICO	Board of Examiners of Opticians	3		2(d)	5

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	One member shall be a licensed optometrist and one member shall be either a licensed physician or a licensed osteopath
b	One licensed optometrist
c	One licensed ophthalmologist
d	Two licensed optometrists
NA	Not applicable

TABLE V-3

OPTICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALASKA	Board	Board	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
CONNECTICUT	Department	Board	Department
FLORIDA	Department	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IOWA	Department	Department	Department
KENTUCKY	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
NEVADA	Board	Board	Board
NEW JERSEY	Board	Board	Board
NEW YORK	Department	Department	Department
NORTH CAROLINA	Board	Board	Board
OHIO	Board	Board	Board
RHODE ISLAND	Department	Department	Department
SOUTH CAROLINA	Board	Board	Board
TENNESSEE	Board	Board	Board
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

TABLE V-4

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OPTICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE
ALASKA	x	x	x	x	x	x	
ARIZONA	x	x					
ARKANSAS	x	x					
CALIFORNIA	x	x					
CONNECTICUT	x	x					
FLORIDA	x	x			x	x	$1000(a)
GEORGIA		x					
HAWAII	x	x					
IOWA	x	x					
KENTUCKY	x	x					
MASSACHUSETTS	x	x					
NEVADA	x	x					
NEW JERSEY	x	x					
NEW YORK	x	x					
NORTH CAROLINA	x	x			x		
OHIO	x	x					
RHODE ISLAND							
SOUTH CAROLINA	x	x			x		
TENNESSEE	x	x					
VERMONT	x	x					
VIRGINIA	x	x					
WASHINGTON	x	x					
PUERTO RICO		x					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Not to exceed

TABLE V-5

OPTICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALASKA	a		Yes
ARIZONA	b		Yes
ARKANSAS	c		Yes
CALIFORNIA	d,e		No
CONNECTICUT	a	May	Yes
FLORIDA	a		Yes
GEORGIA	a		Yes
HAWAII	a		Yes
IOWA	a		No
KENTUCKY	a		Yes
MASSACHUSETTS	a		No
NEVADA	c		Yes
NEW JERSEY	f		Yes
NEW YORK	f		Yes
NORTH CAROLINA	d,f		Yes
OHIO	a		No
RHODE ISLAND	c		Yes
SOUTH CAROLINA	a		Yes
TENNESSEE	a		Yes
VERMONT	c		No
VIRGINIA	a		Yes
WASHINGTON	f		Yes
PUERTO RICO	g		Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Applicant must pass American Board of Opticianry (ABO) exam and the National Contact Lens Exam (NCLE)
b Applicant must pass ABO exam, NCLE exam, or state exam on state laws
c Applicant must pass ABO exam
d Applicant must pass NCLE exam
e Applicant must pass ABO exam beginning in 1988
f Applicant must pass exam on state laws
g Exam is given; no reference to a specific type of exam

TABLE V-6 Page 1 of 1

OPTICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALASKA			6000 hrs.				
ARIZONA	a,b		1 yr.			Good	
ARKANSAS*	a		3 yrs.	21	Yes	Good	
CALIFORNIA*			5 yrs.				
CONNECTICUT*	c		≥4 yrs.			Good	
FLORIDA*	a		3 yrs.	18		Good	
GEORGIA*	d		3000 hrs.	>21		Good	
HAWAII			3 yrs.				
IOWA*	a		3 yrs.				
KENTUCKY*	a		2 yrs.	>18		Good	Yes
MASSACHUSETTS*	e		3 yrs.				
NEVADA*	f		≥3 yrs.	18		Good	Yes
NEW JERSEY*	f		3 yrs.				
NEW YORK*	a		2 yrs				
NORTH CAROLINA*	c		3.5 yrs.	18			
OHIO*	c		2 yrs.	18		Good	
RHODE ISLAND	g		≥1 yr.	>18		Good	
SOUTH CAROLINA*	c		3 yrs.				
TENNESSEE*	c		3 yrs.	18		Good	Yes
VERMONT*	c		3 yrs.	Majority			
VIRGINIA*	c		3 yrs.				
WASHINGTON*	h		3 yrs.	18		Good	Yes
PUERTO RICO*	a		3 yrs.	Majority		Good	Yes

Source: HPLIS/Council of State Governments: May, 1987

Key:

*	Can meet educational requirement or apprenticeship requirement
a	Graduate of a school of optical dispensing
b	Instead of education requirements, this can be satisfied if served as an apprentice three of the six years prior to application
c	Two-year educational program
d	At least 850-hour course of study at a school of opticianry
e	At least 600 hours of course work (completed regular day course of not less than 12 months, or regular night course of not less than 18 months)
f	Has received associate degree and has had one year of experience
g	Satisfactory education
h	Successfully completed a course in opticianry in a college or university

TABLE V-7

OPTICIAN

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALASKA	50		50	200/4 yrs.			
ARIZONA	≤50	50		50			≤50
ARKANSAS		50		50			
CALIFORNIA	150	50		150/Bi			
CONNECTICUT		50		30			
FLORIDA			150	130/Bi			
GEORGIA		85		60/Bi		10	60
HAWAII*							
IOWA		25		10		5	
KENTUCKY			25	10	10		25
MASSACHUSETTS*							
NEVADA		100		75			
NEW JERSEY	50		80	140/Bi	50	25	
NEW YORK	30		65		75		
NORTH CAROLINA	10		100	60			75
OHIO		50		35			50
RHODE ISLAND		30		25			
SOUTH CAROLINA*							
TENNESSEE		25	50	25			
VERMONT		50		50			50
VIRGINIA		50		10		5	
WASHINGTON			50	60		5	
PUERTO RICO	10		25			10	25

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
Bi Biennial

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TABLE V-8

OPTICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALASKA	Endorsement	a,b,c	12 AAC 30.100
ARIZONA	Endorsement	d	ARS 32-1683(5)(a)
ARKANSAS	Reciprocity	b,d,e,f	AS 72-2110
CALIFORNIA	None		
CONNECTICUT	Endorsement		CGS 20-146
FLORIDA	Reciprocity	e	Rule 21P-17.01
GEORGIA	Reciprocity	d,g	OCG 43-29-9
HAWAII	None		
IOWA	None		
KENTUCKY	Endorsement	d,g	201 KAR 13:060
MASSACHUSETTS	Reciprocity	d,h	Ch. 112-73E
NEVADA	None		
NEW JERSEY	None		
NEW YORK	Endorsement	g,h	CLNYA 59.6
NORTH CAROLINA	Endorsement	d,i,j	GSNC 90-241
OHIO	Reciprocity	d	Rule 4726-5-04
RHODE ISLAND	None		
SOUTH CAROLINA	Endorsement		GLSC 40-38-120
TENNESSEE	None		
VERMONT	Reciprocity	d	VSA 2675
VIRGINIA	Reciprocity	d	VC 2675
WASHINGTON	None		
PUERTO RICO	Reciprocity		Act 125 Sec. 8

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Applicant passed National Opticianry Competency Exam
b	Equivalent training
c	Applicant passed equivalent practical exam
d	Equivalent standards
e	Applicant must have been in practice three years immediately preceding application
f	Applicant is of good moral character
g	Applicant must have been in practice for at least two years
h	Applicant has not failed this state's exam before
i	Applicant in good standing
j	Applicant must have been in practice four years immediately preceding application

TABLE V-9

OPTICIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALASKA	Yes	15 hrs./4 years
ARIZONA	No	
ARKANSAS	Yes	9 hrs. biennially
CALIFORNIA	No	
CONNECTICUT	No	
FLORIDA	Yes	20 hrs. biennially
GEORGIA	Yes	12 hrs. biennially
HAWAII	No	
IOWA	Yes	12 hrs. annually
KENTUCKY	No	
MASSACHUSETTS	No	
NEVADA	Yes	(a)
NEW JERSEY	No	
NEW YORK	No	
NORTH CAROLINA	Yes	6 hrs. annually(b)
OHIO	Yes	30 hrs. triennially(c)
RHODE ISLAND	Yes	8 hrs. biennially
SOUTH CAROLINA	Yes	3 hrs. annually
TENNESSEE	Yes	8 hrs. annually
VERMONT	Yes	10 hrs. biennially
VIRGINIA	No	
WASHINGTON	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Annual requirement after first year is 12 hours spectacle, or seven hours spectacle and seven hours contact lens
b Six hours spectacle and six hours contact lens
c If dually licensed

CHAPTER VI

STATE REGULATION OF OPTOMETRISTS

OPTOMETRIST

Type of State Regulation

All 50 states, the District of Columbia and Puerto Rico regulate the practice of optometry through licensure. (See Table VI-1).

Scope of Practice

The scope of practice of optometry varies widely from state to state. An example of an optometry scope of practice is taken from North Carolina and represents the modern trend across the United States to expand the scope of practice to include diagnosis and treatment of eye diseases:

> Any one or any combination of the following practices shall constitute the practice of optometry (NC statute 90-114):
>
> a. The examination of the human eye by any method, other than surgery, to diagnose, to treat, or to refer for consultation or treatment any abnormal condition of the human eye and its adnexa; or
>
> b. The employment of instruments, devices, pharmaceutical agents and procedures, other than surgery, intended for the purpose of investigating, examining, treating, diagnosing, or correcting visual defects or abnormal conditions of the human eye or its adnexa; or
>
> c. The prescribing and application of lenses, devices containing lenses, prisms, contact lenses, orthoptics, vision training, pharmaceutical agents, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.
>
> Provided, however, in using or prescribing pharmaceutical agents, other than topical pharmaceutical agents within the definition hereinabove set out which are used for the purpose of examining the eye, the optometrist so using or prescribing shall communicate and collaborate with a physician duly licensed to practice medicine in North Carolina designated or agreed to by the patient.

The Wisconsin scope of practice differs from the North Carolina scope of practice. In Wisconsin (449.01),

> (a) The practice of the profession of optometry is defined as:
>
> 1. The employment of any optometric means, including topical ocular diagnostic pharmaceutical agents under s. 449.17, to determine the visual efficiency of the human visual system, including refractive and functional abilities or preliminarily diagnose

the presence of ocular disease or ocular manifestations of systemic disease and other departures from normal.

2. The diagnosis and treatment of the refractive and functional ability of the visual system and enhancement of visual performance by prescribing, furnishing, fitting or employing ophthalmic lenses, contact lenses, frames, aids or prosthetic materials or administering visual training, orthoptics, visual therapy or any other optometric means.

(b) The practice of the profession of optometry does not include surgery, medical treatment or the use of drugs for therapeutic purposes.

The Wisconsin law (Section b) specifically states that optometrists can not use drugs for therapeutic purposes, and it is here the two scopes differ. In North Carolina, drugs can be used to treat diseases or abnormal conditions of the eye.

In the last few years the scopes of practice have been updated in many jurisdictions. In 48 states and the District of Columbia, optometrists may employ pharmaceutical agents for diagnostic purposes, and in 19 states, they may also use pharmaceutical agents to treat abnormal conditions of the eye.

The definition of an optometrist is largely uniform throughout the United States. The American Optometric Association defines an optometrist as:

> Doctors of optometry (optometrists) are primary care health professionals who are specifically educated, clinically trained and state licensed to examine the eyes and vision system, diagnose problems or impairments, and prescribe and provide treatment. Among the types of treatment optometrists use are prescription glasses; contact lenses; vision therapy; low vision aids; and, in some states, pharmaceutical agents for therapeutic purposes.

Composition of State Regulatory Bodies and Functions

Every jurisdiction utilizes an optometry board or committee. Also, in every jurisdiction licensed optometrists constitute a majority on the board. Public members sit on boards in 29 jurisdictions. For a more detailed discussion of the makeup of boards, see Table VI-2.

In most jurisdictions, the board is the primary agency that issues licenses, approves and accredits educational programs, and promulgates rules and regulations. Many states base their accreditation approval on a list of accredited programs prepared and submitted by the American Optometric Association's Council on Optometric Education and reviewed by the International Association of Boards of Examiners in Optometry. In several states, a department of health or regulation will perform some or all of these duties. One state approves educational programs which the United States Commissioner of Education has approved and accredited. Table VI-3 provides full information on the functions of the boards or agencies in the individual states.

Almost every jurisdiction gives the board the power to revoke or suspend a practitioner's license. Approximately 20 percent of the boards are allowed to put a practitioner's license on probation. Other sanctions available are specified in Table VI-4.

Requirements for Licensure

Every jurisdiction requires a written examination prepared by either the board or an outside organization such as the National Board of Examiners in Optometry. In addition, a majority of the states use practical examinations and some states may use oral examinations, too. (See Table VI-5).

All jurisdictions require that the applicant be a graduate of an accredited college of optometry. Most jurisdictions require good moral character, and set a minimum age for applicants. About 20 percent of the jurisdictions require a potential licensee to be a state resident or a U.S. citizen. (See Table VI-6).

Interstate Recognition of Credentials

As Table VI-8 indicates, 24 jurisdictions provide for reciprocity, while 16 jurisdictions endorse the licenses of out-of-state practitioners. The remaining 11 jurisdictions do not recognize out-of-state credentials.

Continuing Education Requirements

Forty-six jurisdictions require continuing education. Table VI-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for seven types of fees charged by licensing boards or agencies are shown in Table VI-7.

TABLE VI-1 Page 1 of 2

OPTOMETRIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	AC 34-22-20
ALASKA	Licensure	AS 08.72.110
ARIZONA	Licensure	ARS 32-1741
ARKANSAS	Licensure	AS 72-806
CALIFORNIA	Licensure	Bus. & Prof. Code 3040
COLORADO	Licensure	CRS 12-40-104
CONNECTICUT	Licensure	CGS 20-130
DELAWARE	Licensure	DCA 24-2106
FLORIDA	Licensure	FS 463.006
GEORGIA	Licensure	OCG 43-30-6
HAWAII	Licensure	HRS 459-2
IDAHO	Licensure	IC 54-1502
ILLINOIS	Licensure	111 IRS 3801
INDIANA	Licensure	IC 25-24-1-1
IOWA	Licensure	ICA 147.2
KANSAS	Licensure	KSA 65-1501
KENTUCKY	Licensure	KRS 320.220
LOUISIANA	Licensure	RS 37:1041
MAINE	Licensure	34A MRSA 2421
MARYLAND	Licensure	ACM 10-301
MASSACHUSETTS	Licensure	ALM 112-68
MICHIGAN	Licensure	Pub. Health Code 333.17411
MINNESOTA	Licensure	MS 148.56
MISSISSIPPI	Licensure	MC 73-19-3
MISSOURI	Licensure	RSMo 336.020
MONTANA	Licensure	MCA 37-10-301
NEBRASKA	Licensure	RS 71-1,133
NEVADA	Licensure	NRS 636.145
NEW HAMPSHIRE	Licensure	NHRSA 327:6
NEW JERSEY	Licensure	NJSA 45.125
NEW MEXICO	Licensure	NMSA 61-2-4
NEW YORK	Licensure	Ed. Law Sec. 256.3
NORTH CAROLINA	Licensure	GSNC 90-115
NORTH DAKOTA	Licensure	NDCC 43-13-15
OHIO	Licensure	ORCA 4725.02

TABLE VI-1

OPTOMETRIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 588
OREGON	Licensure	ORS 683.020
PENNSYLVANIA	Licensure	63 PS 244.3
RHODE ISLAND	Licensure	GLRI 5-35-6
SOUTH CAROLINA	Licensure	GLSC 40-37-90
SOUTH DAKOTA	Licensure	SDCL 36-7-10
TENNESSEE	Licensure	TCA 63-8-113
TEXAS	Licensure	Art. 4552-5.04
UTAH	Licensure	UCA 58-16-1
VERMONT	Licensure	VSA 1712
VIRGINIA	Licensure	VC 54-368
WASHINGTON	Licensure	RCW 18.53.020
WEST VIRGINIA	Licensure	WVC 30-8-4
WISCONSIN	Licensure	WSA 449.02
WYOMING	Licensure	WS 33-23-103
D.C.	Licensure	DC Code 2-3305.1
PUERTO RICO	Licensure	Title 20 Sec. 537

Source: HPLIS/Council of State Governments; May, 1987

TABLE VI-2

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OPTOMETRIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Optometry	5			5
ALASKA	Board of Examiners in Optometry	4	1		5
ARIZONA	State Board of Optometry	4	1	1(a)	6
ARKANSAS	State Board of Optometry	5			5
CALIFORNIA	Board of Optometry	5	1		6
COLORADO	St. Bd. of Optometric Examiners	5	2		7
CONNECTICUT	Board of Examiners in Optometry	5			5
DELAWARE	St. Bd. of Examiners in Optometry	3	2		5
FLORIDA	Board of Optometry	5	2		7
GEORGIA	St. Bd. of Examiners in Optometry	5	1		6
HAWAII	Board of Examiners in Optometry	3	2		5
IDAHO	State Board of Optometry	5			5
ILLINOIS	Technical Review Board, Dept. of Registration & Education	3		3(a)	6
INDIANA	State Board of Registration & Examination in Optometry	5	1		6
IOWA	Optometry Examiners	3			3
KANSAS	Board of Examiners in Optometry	3	1		4
KENTUCKY	Board of Optometric Examiners	4	1		5
LOUISIANA	St. Bd. of Optometry Examiners	5			5
MAINE	State Board of Optometry	5	1		6
MARYLAND	Board of Examiners in Optometry	5	1		6
MASSACHUSETTS	Bd. of Registration in Optometry	4	1		5
MICHIGAN	Board of Optometry	5	2		7
MINNESOTA	Board of Optometry	5	2		7
MISSISSIPPI	State Board of Optometry	5			5
MISSOURI	State Board of Optometry	5	1		6
MONTANA	Board of Optometrists	3	1		4
NEBRASKA	Board of Examiners in Optometry	3	1		4
NEVADA	State Board of Optometry	3	1		4
NEW HAMPSHIRE	Bd. of Registration in Optometry	4	1		5
NEW JERSEY	State Board of Optometrists	5			5
NEW MEXICO	Board of Optometry	5	1		6
NEW YORK	Board of Optometry	10	2		12
NORTH CAROLINA	Board of Examiners in Optometry	5	2		7
NORTH DAKOTA	State Board of Optometry	5			5
OHIO	State Board of Optometry	5			5

TABLE VI-2 Page 2 of 2

OPTOMETRIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
OKLAHOMA	Board of Optometry	3			3
OREGON	Board of Optometry	3	1		4
PENNSYLVANIA	State Board of Optometry	7	3	2(b)	12
RHODE ISLAND	Board of Examiners for Optometry	4	1		5
SOUTH CAROLINA	Board of Examiners in Optometry	5	2		7
SOUTH DAKOTA	St. Bd. of Examiners in Optometry	3	1		4
TENNESSEE	State Board of Optometry	5			5
TEXAS	Optometry Board	6	3		9
UTAH	State Optometry Committee	4	1		5
VERMONT	State Board of Optometry	3	2		5
VIRGINIA	Board of Optometry	5			5
WASHINGTON	Optometry Board	5			5
WEST VIRGINIA	Board of Optometry	5			5
WISCONSIN	Optometry Examining Board	5	1		6
WYOMING	Board of Examiners in Optometry	3			3
D.C.	Board of Optometry	4	1		5
PUERTO RICO	Board of Examiners of Optometrists	5			5

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Member shall be a physician
b One member shall be the Commissioner of Professional and Occupational Affairs and the other shall be the Director of the Bureau of Consumer Protection in the Attorney General's office

TABLE VI-3

OPTOMETRIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	Board	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	Board	Board
CONNECTICUT	Board	Board	Board
DELAWARE	Board	Board	Board
FLORIDA	Department	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IDAHO	Board	Board	Board
ILLINOIS	Department	Board	Department
INDIANA	Board	Board	Board
IOWA	Department	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Board	Board	Board
MINNESOTA	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
MONTANA	Department	Board	Board
NEBRASKA	Board	Department	Board
NEVADA	Board	Board	Board
NEW HAMPSHIRE	Board	Board	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Board	Board	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE VI-3

OPTOMETRIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	a	a	a
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
UTAH	Department	Department	Department
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	b	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board
WYOMING	Board	Board(c)	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Division of Professional Regulation of the Department of Health
b Director of Licensing
c Also United States Commissioner of Education

TABLE VI-4 Page 1 of 2

OPTOMETRIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x		x		x		
ARKANSAS	x	x						
CALIFORNIA	x	x						
COLORADO	x	x						
CONNECTICUT	x	x						
DELAWARE	x	x						
FLORIDA	x	x			x	x	a	
GEORGIA	x	x						
HAWAII		x						
IDAHO	x	x						
ILLINOIS	x	x						
INDIANA	x	x				x		
IOWA	x	x						
KANSAS	x	x						
KENTUCKY	x	x						
LOUISIANA	x	x						
MAINE	x	x						
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x						
MICHIGAN	x	x	x	x	x	x	x	
MINNESOTA	x	x						
MISSISSIPPI		x						
MISSOURI	x	x		x		x		
MONTANA	x	x						
NEBRASKA	x	x						
NEVADA	x	x						
NEW HAMPSHIRE	x	x			x			
NEW JERSEY	x	x						
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x		x		x		b
NORTH DAKOTA		x						
OHIO	x	x						

TABLE VI-4

Page 2 of 2

OPTOMETRIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
OKLAHOMA	x	x						
OREGON	x	x	x			x	a	
PENNSYLVANIA	x	x	x		x	x		
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x			x			
SOUTH DAKOTA		x						
TENNESSEE	x	x						
TEXAS	x	x		x	x			
UTAH	x	x						
VERMONT	x	x						
VIRGINIA	x	x				x	≤500	
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x						
WYOMING	x	x						
D.C.	x	x						
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Fine of $1,000 for each offense
b Board may take other disciplinary measures that it deems fit and proper

Page 1 of 2

TABLE VI-5

OPTOMETRIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a	c	May
ALASKA	b	Yes	Yes
ARIZONA	b	Yes	Yes
ARKANSAS	b	c	
CALIFORNIA	c		Yes
COLORADO	a		Yes
CONNECTICUT	c		Yes
DELAWARE	b		Yes
FLORIDA	d		May
GEORGIA	c		May
HAWAII	e		Yes
IDAHO	a	Yes	Yes
ILLINOIS	a	c	Yes
INDIANA	d		Yes
IOWA	c		
KANSAS	b	c	May
KENTUCKY	a		May
LOUISIANA	b		
MAINE	c		
MARYLAND	c		
MASSACHUSETTS	a		Yes
MICHIGAN	c		
MINNESOTA	c		Yes
MISSISSIPPI	c		Yes
MISSOURI	a	c	Yes
MONTANA	a	Yes	Yes
NEBRASKA	c		
NEVADA	b		Yes
NEW HAMPSHIRE	c		Yes
NEW JERSEY	b		
NEW MEXICO	b	c	Yes
NEW YORK	c		Yes
NORTH CAROLINA	a	c	May
NORTH DAKOTA	c		
OHIO	b		Yes

TABLE VI-5

OPTOMETRIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	b		
OREGON	a		Yes
PENNSYLVANIA	f		
RHODE ISLAND	a		Yes
SOUTH CAROLINA	a or c	c	May
SOUTH DAKOTA	b	c	
TENNESSEE	c		Yes
TEXAS	g		Yes
UTAH	a		Yes
VERMONT	d	Yes	Yes
VIRGINIA	a	c	May
WASHINGTON	a	c	May
WEST VIRGINIA	c		
WISCONSIN	b		Yes
WYOMING	c		
D.C.	c		
PUERTO RICO	c		Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Exam administered by National Board of Examiners in Optometry (NBEO)
b	Exam is given but no reference to a specific exam
c	Exam is made or delegated at the discretion of the Board
d	NBEO exam plus a state exam
e	Exam must cover the same body of knowledge as the exam administered by the National Board of Examiners in Optometry
f	Exam shall be prepared and administered by a qualified and approved professional testing organization
g	State or NBEO exam

TABLE VI-6 Page 1 of 2

OPTOMETRIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a			19		Good	Yes
ALASKA	a					Good	
ARIZONA	a			>21	1 yr.	Good	
ARKANSAS	a						
CALIFORNIA	a			>18		Good	
COLORADO	a			21			
CONNECTICUT	a			>21		Good	
DELAWARE	a	6 mos.				Good	
FLORIDA	a			18			
GEORGIA	a			21		Good	
HAWAII	a					Good	
IDAHO	a			>21		Good	
ILLINOIS	a			21		Good	Yes
INDIANA	a			>18			
IOWA	a			21		Good	
KANSAS	a					Good	
KENTUCKY	a			18			
LOUISIANA	a					Good	
MAINE	a			18			
MARYLAND	b			18		Good	
MASSACHUSETTS	a			18		Good	
MICHIGAN	a			18		Good	
MINNESOTA	a					Good	
MISSISSIPPI	a			>21		Good	
MISSOURI	a			21		Good	
MONTANA	a			18		Good	
NEBRASKA	a						
NEVADA	a			21		Good	Yes
NEW HAMPSHIRE	a			>18		Good	
NEW JERSEY	a			>21		Good	c
NEW MEXICO	a			18		Good	c
NEW YORK	a					Good	
NORTH CAROLINA	a			18	1 yr.	Good	
NORTH DAKOTA	a			18			
OHIO	a			18		Good	

TABLE VI-6 Page 2 of 2

OPTOMETRIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
OKLAHOMA	a			>21		Good	
OREGON	a						
PENNSYLVANIA	a			21		Good	
RHODE ISLAND	a	6 mos.		18		Good	Yes
SOUTH CAROLINA	a					Good	
SOUTH DAKOTA	a			18	Yes	Good	Yes
TENNESSEE	a			>18		Good	
TEXAS	a			18		Good	
UTAH	a			21		Good	
VERMONT	a			18		Good	
VIRGINIA	a			>18		Good	
WASHINGTON	a					Good	Yes
WEST VIRGINIA	a			18		Good	
WISCONSIN	a			18		Good	
WYOMING	a					Good	
D.C.	a			18		Good	
PUERTO RICO	a			>21			Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Graduated from a school or college of optometry that is approved and accredited
b Satisfactory evidence of level of education that is equal to current standards set by the Board
c U.S. citizen or has plans to become one

TABLE VI-7

OPTOMETRIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA		100					
ALASKA			50	200/4 yrs.			
ARIZONA		75		100		20	150
ARKANSAS		100		25			150
CALIFORNIA	70(a)		50(a)	70(a)			
COLORADO*							
CONNECTICUT			50			1	100
DELAWARE			75	40/Bi			
FLORIDA			250	250(a)			
GEORGIA		200		80/Bi		5	
HAWAII		30					
IDAHO			25	25		10	
ILLINOIS*							
INDIANA	5		75	166/Bi			75
IOWA*							
KANSAS	15(a)	75		75			75
KENTUCKY			100	75			200
LOUISIANA	150	100		100			
MAINE		75		50			100
MARYLAND*							
MASSACHUSETTS		50		25/An			50
MICHIGAN		100		80/Bi	25	5	100
MINNESOTA	12	50		65(b)			100
MISSISSIPPI		25(d)		50(b)			25
MISSOURI	50		100	60		10	150
MONTANA	50	75		55			160
NEBRASKA	150			75/Bi		5	150
NEVADA	c		100(a)	250(a)		25(a)	
NEW HAMPSHIRE(c)							
NEW JERSEY		225		100/Bi		25	200
NEW MEXICO	25(a)		100(a)	25(a)			150(a)
NEW YORK	125	120		120/Tri			
NORTH CAROLINA			200	25			125
NORTH DAKOTA			40	25			25
OHIO			75	75			75

TABLE VI-7 Page 2 of 2

OPTOMETRIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA			100	65			
OREGON			50	80			
PENNSYLVANIA		25		40/Bi			25
RHODE ISLAND		40		45			50
SOUTH CAROLINA*							
SOUTH DAKOTA	10		50	100			75
TENNESSEE		75		50		5	
TEXAS	40		55	100		15	
UTAH		50	200	40			
VERMONT	50	100		50/Bi		10	100
VIRGINIA*							
WASHINGTON*							
WEST VIRGINIA	5		50	20		5	
WISCONSIN			50	35		5	50
WYOMING	100(a)		100(a)	100(a)			
D.C.*							
PUERTO RICO	5		25			10	25

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial
a	Not to exceed
b	Subject to change
c	To be set by Board
d	$50 for nonresidents

TABLE VI-8 Page 1 of 3

OPTOMETRIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	Reciprocity	a,b,c	AC 34-22-21
ALASKA	Endorsement	d,e	AS 08.72.170
ARIZONA	Reciprocity	a,e,f,g	ARS 32-1723
ARKANSAS	Reciprocity	h	AS 72-809
CALIFORNIA	None		
COLORADO	None		
CONNECTICUT	Reciprocity	a,b	CGS 20-130
DELAWARE	None		
FLORIDA	Reciprocity		FS 463.018
GEORGIA	Endorsement		OCG 43-30-7(b)
HAWAII	None		
IDAHO	Reciprocity	a,e,i	Rule VIII
ILLINOIS	Endorsement	b	Sec. 320.50
INDIANA	Endorsement	a	IC 25-24-1-3
IOWA	Reciprocity		ICA 147.44
KANSAS	Endorsement	b	KSA 65-1505
KENTUCKY	Reciprocity	i,j	KRS 320.270
LOUISIANA	Endorsement	b	Rule IV
MAINE	Reciprocity	a,b,k,l	34A MRSA 2424
MARYLAND	Endorsement	a,b,l,m	ACM 10-305
MASSACHUSETTS	Reciprocity	b	ALM 112-68
MICHIGAN	Endorsement	n	
MINNESOTA	Reciprocity	b,l	MS 148.57(2)
MISSISSIPPI	Reciprocity	a,b	MC 73-19-25
MISSOURI	Endorsement	b,e,i	4 CSR 210-2.011
MONTANA	Reciprocity	o	MCA 37-10-303
NEBRASKA	Reciprocity	k,p	Rule 172-13(.001)
NEVADA	None		
NEW HAMPSHIRE	Reciprocity	b	NHRSA 327:9
NEW JERSEY	Endorsement	b or n	NJSA 45:12-7
NEW MEXICO	Endorsement	b,i,q,r	NMSA 61-2-9
NEW YORK	Endorsement	b,j	Ed. Law Sec. 66.4
NORTH CAROLINA	Endorsement	b,e,s	GSNC 90-118.5
NORTH DAKOTA	Reciprocity	b	NDCC 43-13-18
OHIO	Reciprocity	a	ORCA 4725.12

TABLE VI-8

OPTOMETRIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
OKLAHOMA	None		
OREGON	Reciprocity	a,b,e,j,k	ORS 683.220
PENNSYLVANIA	Reciprocity	t	63 PS 244.6
RHODE ISLAND	Reciprocity	b	GLRI 5-35-13
SOUTH CAROLINA	Endorsement	e,j,u	GLSC 40-37-90
SOUTH DAKOTA	Reciprocity	b	SDCL 36-7-13
TENNESSEE	None		
TEXAS	None		
UTAH	Reciprocity	b,e	UCA 58-16-5
VERMONT	Endorsement	b,i,v	VSA 1716
VIRGINIA	Reciprocity	a,b,c,e	VC 54-384
WASHINGTON	None		
WEST VIRGINIA	None		
WISCONSIN	Endorsement	b,j,k	WSA 449.05
WYOMING	None		
D.C.	Reciprocity or Endorsement	b	DC Code 2-3305.7
PUERTO RICO	Reciprocity		Title 20 Sec. 540

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Applicant has not previously failed this test
b	Equivalent standards
c	Applicant has been in practice at least one year
d	Applicant has been in practice at least three years or has passed the written portion of the exam given by the National Board of Examiners in Optometry (NBEO)
e	Applicant is in good standing
f	Applicant is of good moral character
g	Applicant has been in practice at least four of five years immediately prior to application
h	Applicant must have been in practice at least three years and have been a resident for at least one year
i	Applicant must pass oral and practical exam
j	Applicant must have been in practice for five years
k	Applicant must pass a practical exam

TABLE VI-8

OPTOMETRIST

RECIPROCITY AND ENDORSEMENT

l Applicant must have been in practice continuously for three years before application
m Applicant must have participated in continuing education the last three years
n Applicant has passed National Exam
o Applicant must have scored at least 75% on the other state's exam
p Applicant must appear for a personal interview
q Applicant must have been in practice continuously for seven years before application
r Applicant holds a doctor of optometry degree (completion of study of a minimum of 4,000 clock hours)
s Applicant has been in practice three years out of the last five years
t Applicant has been in practice in other state at least four years
u Applicant has passed equivalent exam or the NBEO exam
v Applicant has been in practice at least two years

TABLE VI-9

OPTOMETRIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	10 hrs. annually
ALASKA	Yes	48 hrs./4 years
ARIZONA	Yes	16 hrs. annually
ARKANSAS	Yes	8 hrs. annually
CALIFORNIA	No	(a)
COLORADO	No	
CONNECTICUT	Yes	14 hrs. annually
DELAWARE	Yes	12 hrs. biennially
FLORIDA	Yes	28 hrs. biennially
GEORGIA	Yes	28 hrs. biennially
HAWAII	Yes	8 hrs. annually
IDAHO	Yes	12 hrs. annually
ILLINOIS	Yes	24 hrs. biennially
INDIANA	Yes	30 hrs. biennially
IOWA	Yes	24 hrs. biennially
KANSAS	Yes	16 hrs.
KENTUCKY	Yes	8 hrs.
LOUISIANA	Yes	12 hrs.
MAINE	Yes	15 hrs.
MARYLAND	Yes	25 hrs.(b)
MASSACHUSETTS	Yes	10 hrs.
MICHIGAN	Yes	24 hrs. biennially
MINNESOTA	Yes	12 hrs.
MISSISSIPPI	Yes	20 hrs. annually
MISSOURI	Yes	8 hrs.
MONTANA	Yes	12 hrs.
NEBRASKA	Yes	32 hrs. biennially
NEVADA	Yes	25 hrs.(b)
NEW HAMPSHIRE	Yes	25 hrs.(b)
NEW JERSEY	Yes	50 hrs. biennially
NEW MEXICO	Yes	16 hrs. annually
NEW YORK	No	(a)
NORTH CAROLINA	Yes	17 hrs. annually
NORTH DAKOTA	Yes	18 hrs. triennially
OHIO	Yes	12 hrs. annually

TABLE VI-9

OPTOMETRIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	16 hrs. annually
OREGON	Yes	20 hrs. biennially
PENNSYLVANIA	Yes	12 hrs. biennially(c)
RHODE ISLAND	Yes	16 hrs. annually
SOUTH CAROLINA	Yes	12 hrs.(c)
SOUTH DAKOTA	Yes	36 hrs. triennially
TENNESSEE	Yes	9 hrs.
TEXAS	Yes	12 hrs.
UTAH	Yes	12 hrs.
VERMONT	Yes	20 hrs. biennially
VIRGINIA	Yes	16 hrs.(c)
WASHINGTON	Yes	50 hrs. biennially
WEST VIRGINIA	Yes	12 hrs.
WISCONSIN	No	
WYOMING	Yes	12 hrs. annually
D.C.	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a No amount given
b Not to exceed
c Minimum

PHARMACIST

Type of State Regulation

Every state, the District Columbia and Puerto Rico, regulate pharmacists through licensure. (See Table VII-1).

Scope of Practice

The scope of practice of a pharmacist is largely uniform throughout the United States. An example of a pharmacy scope of practice is taken from Nebraska (RS 71-1,147):

> Practice of Pharmacy shall mean:
>
> a. The interpretation and evaluation of prescription orders;
>
> b. The compounding, dispensing, and labeling of drugs and devices, except labeling by a manufacturer, packer, or distributor of nonprescription drugs and commercially packaged legend drugs and devices;
>
> c. The participation in drug selection, drug utilization review, drug source selection, and drug administration;
>
> d. The proper and safe storage of drugs and devices and the maintenance of proper records;
>
> e. The responsibility for advising, when necessary or when regulated, of therapeutic values, content, hazards, and use of drugs and devices;
>
> f. The offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management, and control of pharmacy.

Composition of State Regulatory Bodies and Functions

Every jurisdiction utilizes a pharmacy board or commission to regulate the profession. In every jurisdiction, pharmacists comprise a majority of the board, and public members sit on boards in 30 jurisdictions. For complete details on the composition of the boards, see Table VII-2.

In most states, the board has primary responsibility for issuing the licenses and promulgating rules and regulations. However, in nine jurisdictions the department issues the licenses, and in two of those jurisdictions, the department also promulgates the rules and regulations. (See Table VII-3).

In many states, the board or the department will also approve or accredit educational programs. However, seven jurisdictions rely on the judgment of independent organizations such as the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, the United States Office of Education, and the American Council of Pharmaceutical Education. (See Table VII-3 for state-by-state information.)

Virtually all of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 20 percent of the state boards are also allowed to restrict practice, reprimand, probate, or fine a practitioner. Other available sanctions are specified in Table VII-4.

Requirements for Licensure

All jurisdictions require a written examination prepared either by the board or another organization. Sixteen jurisdictions require a practical examination and some jurisdictions may require both a practical and an oral examination. (See Table VII-5).

All jurisdictions require that the applicant be a graduate of a college of pharmacy that is approved and accredited. Most jurisdictions require an internship of 1,500-2,000 hours before licensure. Thirty-five require that the applicant be of good moral character and meet minimum age requirements. Some jurisdictions require an applicant to be a United States citizen or have intentions of becoming one. (See Table VII-6).

Interstate Recognition of Credentials

Twenty-seven jurisdictions provide for reciprocity while 13 jurisdictions endorse the license of an out-of-state practitioner. Five jurisdictions expressly preclude reciprocity or endorsement, and one allows the board to enter into reciprocity agreements. (See Table VII-8).

Continuing Education Requirements

Twenty-five jurisdictions require continuing education. Table VII-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for seven types of fees are shown in Table VII-7.

CHAPTER VII

STATE REGULATION OF PHARMACISTS

TABLE VII-1

PHARMACIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	CA 34-23-50
ALASKA	Licensure	AS 08.80.040(1)
ARIZONA	Licensure	ARS 32-1922
ARKANSAS	Licensure	AS 72-1007.1
CALIFORNIA	Licensure	Bus. & Prof. Code 4050
COLORADO	Licensure	CRS 12-22-101
CONNECTICUT	Licensure	CGSA 20-178
DELAWARE	Licensure	DCA 2521
FLORIDA	Licensure	FS 465.002
GEORGIA	Licensure	OCG 43-26-4-37
HAWAII	Licensure	HRS 461-5
IDAHO	Licensure	IC C54-1721
ILLINOIS	Licensure	111 IRS 4006
INDIANA	Licensure	IC 25-26-13-1
IOWA	Licensure	IC 147.2
KANSAS	Licensure	KSA 65-1631
KENTUCKY	Licensure	KRS 315.030
LOUISIANA	Licensure	LRS 37:1179
MAINE	Licensure	MRSA 22-2368
MARYLAND	Licensure	MCA 12-301
MASSACHUSETTS	Licensure	ALM 112-26
MICHIGAN	Licensure	Pub. Health Code 333.17711
MINNESOTA	Licensure	R 6800.0300
MISSISSIPPI	Licensure	MCA 73-21-83
MISSOURI	Licensure	MS 338.010
MONTANA	Licensure	MCA 37-7-102
NEBRASKA	Licensure	RS 71-1,142
NEVADA	Licensure	NRS 639.200
NEW HAMPSHIRE	Licensure	RSA 318:1
NEW JERSEY	Licensure	NJSA 45:14-6
NEW MEXICO	Licensure	NMSA 61-11-2
NEW YORK	Licensure	CLNYA 6803
NORTH CAROLINA	Licensure	GSNC 90-85.3
NORTH DAKOTA	Licensure	NDCC 43-15-01
OHIO	Licensure	RC 4729-51

TABLE VII-1

Page 2 of 2

PHARMACIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	OS 353.9
OREGON	Licensure	ORS 689.225
PENNSYLVANIA	Licensure	63 PS 390-2
RHODE ISLAND	Licensure	GLRI 5-19-10
SOUTH CAROLINA	Licensure	GLSC 40-43-36
SOUTH DAKOTA	Licensure	SDCL 36-11-15
TENNESSEE	Licensure	TCA 63-10-101
TEXAS	Licensure	TCSA 1628-4
UTAH	Licensure	UCA 58-17-2
VERMONT	Licensure	VSA 2041
VIRGINIA	Licensure	VC 54-524.2
WASHINGTON	Licensure	RCW 18.64.020
WEST VIRGINIA	Licensure	WVC 30-5-4
WISCONSIN	Licensure	WSA 450.06
WYOMING	Licensure	WS 33-24-120
D.C.	Licensure	DC Code 2-3305.1
PUERTO RICO	Licensure	Title 20 Sec. 385

Source: HPLIS/Council of State Governments; May, 1987

TABLE VII-2 Page 1 of 2

PHARMACIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Pharmacy	5(a)			5
ALASKA	Board of Pharmacy, Dept. of Commerce & Economic Dev.	5	2		7
ARIZONA	Board of Pharmacy	5	2		7
ARKANSAS	Board of Pharmacy	5	1		6
CALIFORNIA	Board of Pharmacy	7	3		10
COLORADO	Board of Pharmacy	5	2		7
CONNECTICUT	Commission of Pharmacy	6(a)			6
DELAWARE	Board of Pharmacy	5	1		6
FLORIDA	Bd. of Pharm., Dept. of Prof. Reg.	5	2		7
GEORGIA	Board of Pharmacy	7	1		8
HAWAII	Board of Pharmacy	5	2		7
IDAHO	Board of Pharmacy	2	1		3
ILLINOIS	Board of Pharmacy, Dept. of Registration & Education	7(b)			7
INDIANA	Board of Pharmacy	5	1		6
IOWA	Bd. of Pharmacy, Dept. of Health	5	2		7
KANSAS	State Board of Pharmacy	5	1		6
KENTUCKY	Board of Pharmacy	5	1		6
LOUISIANA	Board of Pharmacy	21			21
MAINE	Board of Comm. of Pharmacists	5	1		6
MARYLAND	Board of Pharmacy	6	2		8
MASSACHUSETTS	Bd. of Registration of Pharmacy	6	1		7
MICHIGAN	Bd. of Pharm., Dept. of Pub. Health	6	2		8
MINNESOTA	Board of Pharmacy	5	2		7
MISSISSIPPI	Board of Pharmacy	7			7
MISSOURI	Board of Pharmacy	5			5
MONTANA	Bd. of Pharmacy, Dept. of Commerce	3	2		5
NEBRASKA	Board of Examiners in Pharmacy	4	1		5
NEVADA	Board of Pharmacy	5	1		6
NEW HAMPSHIRE	Pharmacy Board	5	1		6
NEW JERSEY	Board of Pharmacy	5			5
NEW MEXICO	Board of Pharmacy	5	1		6
NEW YORK	Bd. of Pharmacy, Education Dept.	8	1		9
NORTH CAROLINA	Board of Pharmacy	5	1		6
NORTH DAKOTA	Board of Pharmacy	5			5
OHIO	Board of Pharmacy	8			8

PHARMACIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
OKLAHOMA	Board of Pharmacy	5			5
OREGON	Board of Pharmacy	5	2		7
PENNSYLVANIA	Board of Pharmacy	5		1	6
RHODE ISLAND	Board of Pharmacy	5			5
SOUTH CAROLINA	Board of Pharmacy	7	1		8
SOUTH DAKOTA	Bd. of Pharmacy, Dept. of Commerce	3	1		4
TENNESSEE	Board of Pharmacy	6(a)			6
TEXAS	Board of Pharmacy	7	2		9
UTAH	Bd. of Pharmacy, Dept. of Regis.	4	1		5
VERMONT	Board of Pharmacy	5	2		7
VIRGINIA	Board of Pharmacy	5			5
WASHINGTON	Board of Pharmacy	4	1		5
WEST VIRGINIA	Board of Pharmacy	5			5
WISCONSIN	Pharmacy Examining Board	5	1		6
WYOMING	Board of Pharmacy	3		3(c)	6
D.C.	Board of Pharmacy	5	2		7
PUERTO RICO	Board of Pharmacy	5			5

Source: HPLIS/Council of State Governments; May, 1987

Key:

a One full-time hospital pharmacist
b One member shall be on the faculty of the University of Illinois College of Pharmacy
c One licensed physician, veterinarian, and dentist, but these members shall have no voting power

TABLE VII-3

PHARMACIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Department	a	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	Board	Board
CONNECTICUT	Commission	Commission	Commission
DELAWARE	Board	b	Board
FLORIDA	Department	c	Board
GEORGIA	Board	Board	Board
HAWAII	Board	d	Board
IDAHO	Board	Board	Board
ILLINOIS	Department	Department	Department
INDIANA	Board	Board	Board
IOWA	Department	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board		Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Department	Board	Board
MINNESOTA	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
MONTANA	Department	d	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	d	Board
NEW HAMPSHIRE	Board	d	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Department	Department	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE VII-3 Page 2 of 2

PHARMACIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
UTAH	Department	Board	Department
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Department	Board	Board
WYOMING	Board	Board	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

a National Association of Boards of Pharmacy
b American Association of Colleges of Pharmacy
c U.S. Office of Education
d American Council of Pharmaceutical Education

TABLE VII-4 Page 1 of 2

PHARMACIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
ALABAMA	x	x				x	
ALASKA	x	x		x	x	x	
ARIZONA	x	x				x	
ARKANSAS	x	x					x
CALIFORNIA	x	x					
COLORADO	x	x					
CONNECTICUT	x	x					
DELAWARE	x	x	x				
FLORIDA	x	x			x	x	x
GEORGIA	x	x			x		x
HAWAII	x	x					
IDAHO	x	x	x				
ILLINOIS	x	x					
INDIANA	x	x				x	x
IOWA	x	x					
KANSAS	x	x				x	
KENTUCKY	x	x	x				x
LOUISIANA	x	x					
MAINE	x	x					
MARYLAND	x	x			x		
MASSACHUSETTS	x	x					
MICHIGAN	x	x	x		x	x	x
MINNESOTA	x	x					
MISSISSIPPI	x	x					
MISSOURI	x	x					
MONTANA		x					
NEBRASKA	x	x	x			x	x
NEVADA	x	x					
NEW HAMPSHIRE	x	x			x		
NEW JERSEY	x	x					
NEW MEXICO	x	x					
NEW YORK	x	x		x	x		x
NORTH CAROLINA	x	x	x		x		
NORTH DAKOTA	x	x	x				
OHIO	x	x					

TABLE VII-4 Page 2 of 2

PHARMACIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS- PEND	RE- VOKE	RESTRICT LICENSE	CEN- SURE	REPRI- MAND	PROBA- TION	FINE
OKLAHOMA	x	x					
OREGON	x	x	x				
PENNSYLVANIA	x	x					
RHODE ISLAND		x					
SOUTH CAROLINA	x	x	x		x		
SOUTH DAKOTA	x	x					
TENNESSEE	x	x				x	x
TEXAS	x	x	x		x	x	x
UTAH	x	x					
VERMONT	x	x	x				
VIRGINIA	x	x					x
WASHINGTON	x	x					
WEST VIRGINIA	x	x					
WISCONSIN	x	x			x		
WYOMING	x	x					
D.C.		x			x		x
PUERTO RICO	x	x					x

Source: HPLIS/Council of State Governments; May, 1987

TABLE VII-5 Page 1 of 2

PHARMACIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	a		
ARIZONA	b		
ARKANSAS	b		
CALIFORNIA	b		
COLORADO	c		Yes
CONNECTICUT	b		
DELAWARE	d		
FLORIDA	b		
GEORGIA	e		Yes
HAWAII	c	May	Yes
IDAHO	c		
ILLINOIS	b		
INDIANA	b		
IOWA	e		
KANSAS	b		
KENTUCKY	[illegible]		
LOUISIANA	c		
MAINE	e		
MARYLAND	b		Yes
MASSACHUSETTS	f	May	
MICHIGAN	c		Yes
MINNESOTA	b		
MISSISSIPPI	e		
MISSOURI	b		
MONTANA	b		
NEBRASKA	c		
NEVADA	b		
NEW HAMPSHIRE	c		
NEW JERSEY	c		Yes
NEW MEXICO	e		Yes
NEW YORK	d		
NORTH CAROLINA	c		Yes
NORTH DAKOTA	d		
OHIO	b	May	May

TABLE VII-5 Page 2 of 2

PHARMACIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	c		
OREGON	c		Yes
PENNSYLVANIA	c		Yes
RHODE ISLAND	c		
SOUTH CAROLINA	e		
SOUTH DAKOTA	b		
TENNESSEE	g		Yes
TEXAS	e		
UTAH	b		
VERMONT	c		
VIRGINIA	c		Yes
WASHINGTON	c		Yes
WEST VIRGINIA	c		
WISCONSIN	e		Yes
WYOMING	c		Yes
D.C.	b	May	May
PUERTO RICO	b	Yes	Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Approved by National Association of Boards of Pharmacy
b Exam is required but no reference to a specific exam
c Exam is made at the discretion of the Board
d National Association of Boards of Pharmacy Licensure Exam (NABPLEX)
e NABPLEX plus state jurisprudence exam
f NABPLEX plus a possible exam on state jurisprudence
g State jurisprudence exam

TABLE VII-6

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PHARMACIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a	d		19		Good	
ALASKA	a	≥1500 hrs.					
ARIZONA	a	1500 hrs.				Good	
ARKANSAS	a			21		Good	Yes
CALIFORNIA	a	1500 hrs.		18			
COLORADO	a	1800 hrs.					
CONNECTICUT	a	d					
DELAWARE	a	≥1500 hrs.					
FLORIDA	b	1500-2080 hrs.		18			
GEORGIA	a	1500 hrs.		Majority			Good
HAWAII	a	2000 hrs.		18		Good	
IDAHO	a	d		Majority			Good
ILLINOIS	c			21		Good	Yes
INDIANA	a	1040 hrs.		21		e	
IOWA	a	1500 hrs.					
KANSAS	a	≥1 yr.				Good	
KENTUCKY	a	1600 hrs.		18		Good	
LOUISIANA	a	1500 hrs.		21		Good	
MAINE	a	800 hrs.		21			Yes
MARYLAND	a	9 mos.		18		Good	
MASSACHUSETTS	a	≥1500 hrs.					
MICHIGAN	a	≥1000 hrs.				Good	
MINNESOTA	a			18		Good	
MISSISSIPPI	a	1500 hrs.				Good	
MISSOURI	a	1 yr.		21		Good	Yes
MONTANA	a	1500 hrs.				Good	
NEBRASKA	a	≥1500 hrs.		21		Good	
NEVADA	a	≥1500 hrs.		18		Good	
NEW HAMPSHIRE	a	≥1500 hrs.		18		Good	
NEW JERSEY	a	d		21		Good	Yes
NEW MEXICO	a	≥1 yr.		18			
NEW YORK	a	6 mos.		21		Good	
NORTH CAROLINA	a	1500 hrs.		18			
NORTH DAKOTA	a	1500 hrs.		18		Good	
OHIO	a						

TABLE VII-6 Page 2 of 2

PHARMACIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
OKLAHOMA	a	≥1 yr.				Good	
OREGON	a			18		Good	
PENNSYLVANIA	a	≥1500 hrs.		21		Good	
RHODE ISLAND	c			>18		Good	
SOUTH CAROLINA	a	1500 hrs.					
SOUTH DAKOTA	a	d		18		Good	
TENNESSEE	a	≥1500 hrs.		18			
TEXAS	a	≥1500 hrs.		18		Good	
UTAH	a	1500 hrs.		21		Good	
VERMONT	a	1500 hrs.		Majority		Good	
VIRGINIA	a	1000 hrs.		18		Good	
WASHINGTON	a	1500 hrs.		18		Good	
WEST VIRGINIA	a	9 mos.		18		Good	
WISCONSIN	a	d		18			
WYOMING	a	d		Majority		Good	Yes
D.C.	a	d		18		Good	
PUERTO RICO		≥1000 hrs.					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Graduate of school or college of pharmacy that is approved and accredited
b Graduate of school or college of pharmacy located outside the U.S.; must complete English test and foreign pharmacy equivalency exam, and 500 hours of practical experience
c Graduate in a five-year course of pharmacy
d Requirements as established by the Board
e Applicant cannot have a conviction that would have a direct bearing on his ability to practice competently

TABLE VII-7 Page 1 of 2

PHARMACIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA*							
ALASKA			50	200/4 yrs.	20		
ARIZONA			250	150/Bi			250
ARKANSAS	25		25	25	2		200
CALIFORNIA	100		110	100/Bi			
COLORADO*							
CONNECTICUT			25				50
DELAWARE		100		30/Bi		10	
FLORIDA			250	50/Bi			
GEORGIA		75	50	50/Bi		10	300
HAWAII			37.50	10/Bi	12		
IDAHO*							
ILLINOIS		25		25			100
INDIANA			100	50/Bi		10	150
IOWA	60			60/Bi		5	100
KANSAS			175	50		10	250
KENTUCKY		100		50/Bi		20	150
LOUISIANA			50	50/Bi		25	150
MAINE		100		30/An		20	150
MARYLAND		85		50/Bi			100
MASSACHUSETTS			25	10/Bi			50
MICHIGAN*							
MINNESOTA		75		35/Bi			150
MISSISSIPPI	70			70/Bi			70
MISSOURI*							
MONTANA			55	15/Bi			200
NEBRASKA		150		100/Bi		5	125
NEVADA	25		100	50/Bi			150
NEW HAMPSHIRE	15		70(a)	30		25	150
NEW JERSEY			35	15		5	50
NEW MEXICO	10		75	35		25/10	150
NEW YORK			100	90/Tri			65
NORTH CAROLINA		75		40			200
NORTH DAKOTA			35	150	35	25	150
OHIO*							

TABLE VII-7 Page 2 of 2

PHARMACIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA			20				50
OREGON	45		100	45		15	200
PENNSYLVANIA			60				75
RHODE ISLAND		100		25			100(b)
SOUTH CAROLINA	10		75	25		10	200
SOUTH DAKOTA			25				
TENNESSEE	30	100		30		15	200
TEXAS	50		100				250
UTAH	25						
VERMONT(c)*							
VIRGINIA		200		20		10	300
WASHINGTON	75		100	50		5	200
WEST VIRGINIA		125		30			125
WISCONSIN			50	57/Bi		5	50
WYOMING			50	50			
D.C.*							
PUERTO RICO	10		10			10	100

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial
a	Cost of exam materials not included
b	Plus investigation costs
c	Fees set by Secretary of State

TABLE VII-8 Page 1 of 2

PHARMACIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	Reciprocity	a,b,c,d	34-23-51
ALASKA	Endorsement	a	12 AAC 52.210
ARIZONA	Endorsement	a,b,e	ARS 32-1922(B)
ARKANSAS	Reciprocity	b	AS 72-1006
CALIFORNIA	None*		
COLORADO	Reciprocity	a,b,f	CRS 12-22-177
CONNECTICUT	None		
DELAWARE	Endorsement	a,b,g	Regulation III
FLORIDA	None*		
GEORGIA	Reciprocity	a,b	OCG 26-4-74
HAWAII	None*		
IDAHO	Reciprocity	b,d,h,i	IC C54-1723
ILLINOIS	Endorsement	b	111 IRS 4011
INDIANA	Endorsement	a,b,k	IC 25-26-13-12
IOWA	Reciprocity	b,h,k	Rule 620-5(1.47)
KANSAS	Reciprocity	a,b,d	KSA 65-1631
KENTUCKY	Reciprocity	a	KRS 315.210
LOUISIANA	Reciprocity	b,d	LRS 37:1181
MAINE	Reciprocity	b	
MARYLAND	Reciprocity	b	MCA 12-305
MASSACHUSETTS	Reciprocity	b,c	ALM 112-24
MICHIGAN	Reciprocity	b,c,h	R 338.475
MINNESOTA	Reciprocity	a,l	MS 151.12
MISSISSIPPI	Reciprocity	a,b,d,h	MCA 73-21-87
MISSOURI	Reciprocity	b	MS 338-040
MONTANA	Reciprocity	b	MCA 37-7-302
NEBRASKA	Reciprocity	m	
NEVADA	Reciprocity	b	NRS 639.215
NEW HAMPSHIRE	Endorsement	a,b	RSA 318:21
NEW JERSEY	Reciprocity	b	NJSA 45:14-8
NEW MEXICO	Reciprocity	b	NMSA 61-11-10
NEW YORK	Endorsement	a,d,n	Rule 59.6
NORTH CAROLINA	Reciprocity	b	Rule 1602
NORTH DAKOTA	Endorsement	b	NDCC 43-15-22
OHIO	None		
OKLAHOMA	Endorsement	b	OS 353.9
OREGON	Reciprocity	a,b,h,i	ORS 689.265

TABLE VII-8

PHARMACIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
PENNSYLVANIA	Reciprocity	b,d	63 PS 390-3(5h)
RHODE ISLAND	Reciprocity	d	GLRI 5-19-11
SOUTH CAROLINA	Endorsement	b,j	GLSC 40-43-90
SOUTH DAKOTA	Endorsement	b	SDCL 35-11-19
TENNESSEE	Reciprocity	b,i	TCA 63-10-202
TEXAS	Reciprocity	a,b,d,h	TCSA 1628.22
UTAH**			
VERMONT	Endorsement	b	VSA 2042
VIRGINIA	Endorsement	a,b	Regulation 9
WASHINGTON	Reciprocity	a	RCW 18.64.086
WEST VIRGINIA	Reciprocity	b,h	WVC 30-5-6
WISCONSIN	Reciprocity	b	WSA 450.05
WYOMING	Reciprocity	b,d,g	33-24-134
D.C.	o	b	DC Code 2-3305.7
PUERTO RICO	Reciprocity	b,d	Art. 14 of Rules

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Must take exam
**	Information was not available to HPLIS staff at the time of publication
a	Passes state jurisprudence exam (exam on laws and regulations)
b	Equivalent standards
c	Applicant must appear for a personal interview
d	Good moral character
e	Applicant must be continuously and currently engaged in practice of pharmacy
f	Applicant cannot have failed state exam before
g	Applicant must have been in practice one out of the last five years or must take an exam prescribed by the Board
h	Good standing
i	Applicant must have been in practice at least one year or must satisfy internship requirements
j	Applicant must have been in practice at least one year or must pass theory exam
k	If applicant obtained original license after January 1, 1980, must pass NABP
l	Applicant must have been in practice at least one year; if in practice less than two years, the Board may require a practical exam
m	Applicant must have been licensed for one year in original state
n	Satisfactory professional experience of at least two years
o	Board may enter into reciprocity agreements or have endorsement

TABLE VII-9

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PHARMACIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	15 hrs. annually
ALASKA	Yes	15 hrs. annually
ARIZONA	Yes	30 hrs. annually
ARKANSAS	Yes	≤6 hrs. annually
CALIFORNIA	Yes	30 hrs. biennially
COLORADO	No	
CONNECTICUT	No	
DELAWARE	Yes	30 hrs. biennially
FLORIDA	Yes	15 hrs. annually
GEORGIA	Yes	30 hrs. biennially
HAWAII	No	
IDAHO	Yes	15 hrs. annually
ILLINOIS	Yes	30 hrs. biennially
INDIANA	Yes	30 hrs. biennially
IOWA	Yes	30 hrs. biennially
KANSAS	Yes	15 hrs. annually
KENTUCKY	Yes	15 hrs. annually
LOUISIANA	Yes	15 hrs. annually
MAINE	Yes	≤15 hrs. annually
MARYLAND	No	
MASSACHUSETTS	Yes	30 hrs. biennially
MICHIGAN	Yes	30 hrs. biennially
MINNESOTA	Yes	30 hrs. biennially
MISSISSIPPI	Yes	(a)
MISSOURI	Yes	10 hrs. annually
MONTANA	Yes	15 hrs. annually
NEBRASKA	Yes	30 hrs. biennially
NEVADA	Yes	30 hrs. biennially
NEW HAMPSHIRE	Yes	15 hrs. annually
NEW JERSEY	Yes	30 hrs. biennially
NEW MEXICO	Yes	15 hrs. annually
NEW YORK	No	
NORTH CAROLINA	Yes	10 hrs. annually
NORTH DAKOTA	Yes	30 hrs. biennially
OHIO	Yes	45 hrs. triennially

TABLE VII-9 Page 2 of 2

PHARMACIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	15 hrs. annually
OREGON	Yes	(b)
PENNSYLVANIA	No	(c)
RHODE ISLAND	Yes	15 hrs. annually
SOUTH CAROLINA	No	
SOUTH DAKOTA	Yes	≤12 hrs. annually
TENNESSEE	Yes	(d)
TEXAS	No	
UTAH	No	
VERMONT	No	
VIRGINIA	No	
WASHINGTON	Yes	15 hrs. annually
WEST VIRGINIA	No	
WISCONSIN	No	
WYOMING	No	
D.C.	No	
PUERTO RICO	Yes	35 hrs. triennially

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Sixteen hours biennially up to end of 1987; 20 hours biennially thereafter
b Fifteen hours annually or satisfactorily pass an examination
c Continuing education requirements become effective in 1988
d Ten hours annually in 1987, 15 hours annually thereafter

CHAPTER VIII

STATE REGULATION OF PHARMACIST ASSISTANTS

PHARMACIST ASSISTANT

Only the State of Washington regulates pharmacist assistants, through a licensure program.

The profession is regulated by the Board of Pharmacy which consists of four pharmacists and one public member. The Board issues licenses, approves and accredits educational programs, and promulgates regulations. The Board also has the power to revoke or suspend a practitioner's license.

No examination is required for licensure. The applicant must be a high school graduate, and have completed an on-the-job training program. The applicant must also possess good moral character.

Continuing education is not a requirement for license renewal.

TABLE VIII-1: TYPE OF STATE REGULATION

STATE	TYPE	CITATION
WASHINGTON	Licensure	RCW 18.64A.040

TABLE VIII-2: ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
WASHINGTON	Board of Pharmacy	4	1		5

TABLE VIII-3: FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
WASHINGTON	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

*Only the state of Washington regulates the occupation of Pharmacist Assistant

TABLE VIII-4: ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE
WASHINGTON	x	x					

TABLE VIII-5: EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
WASHINGTON	(No examination is required)		

TABLE VIII-6: INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
WASHINGTON	a	b				Good	

Key:

a High school graduate
b On-the-job training program

Source: HPLIS/Council of State Governments; May, 1987

*Only the state of Washington regulates the occupation of Pharmacist Assistant

TABLE VIII-7: SCHEDULE OF FEES

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
WASHINGTON				$10			

TABLE VIII-8: RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
WASHINGTON	None		

TABLE VIII-9: CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
WASHINGTON	No	

Source: HPLIS/Council of State Governments; May, 1987

*Only the state of Washington regulates the occupation of Pharmacist Assistant

CHAPTER IX

STATE REGULATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

Type of State Regulation

Thirty-seven states and Puerto Rico regulate the practice of speech-language pathology and audiology through licensure. (See Table IX-1).

Scope of Practice

The scope of practice of speech-language pathology and audiology is largely uniform throughout the United States. An example is taken from Georgia (OCG 609-4.01):

> The practice of audiology means:
>
> a. The application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, instruction, and research related to hearing and disorders of hearing for the purpose of modifying communicative disorders involving speech, language, auditory behavior, or other aberrant behavior related to hearing loss.
>
> b. The planning, directing, conducting, or participating in programs of identification, hearing conservation, habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures such as, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading.
>
> The practice of speech-language pathology means:
>
> a. The application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, counseling, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, or language for the purpose of evaluating, preventing, ameliorating, or modifying such disorders and conditions in individuals or groups of individuals.

Composition of State Regulatory Bodies and Functions

Speech-language pathologists and audiologists are regulated by a diverse set of structures across the states. Thirty-four jurisdictions utilize a speech pathology and audiology board or committee. Maryland has separate boards for audiologists and speech pathologists. One jurisdiction utilizes the Department of Health Services, and another the State Board of Healing Arts. In all but one state, speech-language pathologists and audiologists constitute a majority of the board. Public members sit on the boards in 29 jurisdictions. For complete details on the composition of the boards, see Table IX-2.

The board or committee is the primary agency that issues licenses, approves and accredits educational programs, and promulgates rules and regulations, though in some jurisdictions the department handles these duties. (See Table IX-3).

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Nevada is the only state that utilizes the option of imposing a civil penalty. Other sanctions available are specified in Table IX-4.

Requirements for Licensure

All jurisdictions require a written examination before a license can be issued. This examination is prepared by the board or is a national exam like the National Examination in Speech-Language Pathology or Audiology (previously known as the National Teacher Examination in Speech Pathology or Audiology), an examination prepared by the Educational Testing Service. Fourteen jurisdictions may also require an oral or practical examination. (See Table IX-5).

Most jurisdictions require that the applicant possess at least a master's degree in speech pathology and audiology in order to receive a license. Most jurisdictions also require that the applicant complete an apprenticeship (usually of 275-300 hours) and/or have some professional experience (usually nine months). Six states have an age requirement and most jurisdictions require good moral character before issuing a license. For a more detailed discussion, see Table IX-6.

Interstate Recognition of Credentials

Six jurisdictions provide for reciprocity of out-of-state applicants, while 27 jurisdictions will endorse the license of an out-of-state practitioner. Four jurisdictions have no provisions for reciprocity or endorsement. For a detailed discussion of conditions for reciprocity and endorsement, see Table IX-8.

Continuing Education Requirements

Sixteen jurisdictions require continuing education. As Table IX-9 indicates, the extent of continuing education credits required as a prerequisite to license renewal varies considerably from state to state.

Fee Schedule

Fee levels for seven types of fees are shown in Table IX-7.

TABLE IX-1

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	CA 34-28A-20
ALASKA	Licensure*	
ARKANSAS	Licensure	Sec. 14 of Act
CALIFORNIA	Licensure	Bus. & Prof. Code 2532
CONNECTICUT	Licensure	CGS 20-410
DELAWARE	Licensure	DCA 3703
FLORIDA	Licensure	FS 468.142
GEORGIA	Licensure	OCG 43-44-7
HAWAII	Licensure	HRS 468E-8
INDIANA	Licensure	IC 25-35-6-1-3
IOWA	Licensure	IC 470-155.3(1)
KENTUCKY	Licensure	KRS 334A.030
LOUISIANA	Licensure	RS 37:2652
MAINE	Licensure	32 MRSA 6020
MARYLAND	Licensure	ACM 2-301
MASSACHUSETTS	Licensure	ALM 138
MISSISSIPPI	Licensure	MCA 73-38-5
MISSOURI	Licensure	RSMo 345.020
MONTANA	Licensure	MCA 37-15-301
NEBRASKA	Licensure	RSN 71-1,188
NEVADA	Licensure	NRS 637B.160
NEW JERSEY	Licensure	NJSA 45:388
NEW MEXICO	Licensure	NMSA 61-14B-5
NEW YORK	Licensure	Sec. 8200
NORTH CAROLINA	Licensure	GSNC 90-294
NORTH DAKOTA	Licensure	NDCC 43-37-03
OHIO	Licensure	ORCA 4753.02
OKLAHOMA	Licensure	OS 1604
OREGON	Licensure	ORS 681.250
PENNSYLVANIA	Licensure	Sec. 6 of Act
RHODE ISLAND	Licensure	GLRI 5-48-6
SOUTH CAROLINA	Licensure	GLSC 40-67-40
TENNESSEE	Licensure	TCA 63-1710
TEXAS	Licensure	Art. 4512J Sec. 8
UTAH	Licensure	UCA 58-41-3

TABLE IX-1

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
VIRGINIA	Licensure	VC 54-83:1:011
WYOMING	Licensure	WS 33-33-103
PUERTO RICO	Licensure	Sec. 7

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Licenses audiologists but not speech-language pathologists. Citation information was not available to HPLIS staff at the time of publication.

TABLE IX-2

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SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
ALABAMA	Bd. of Exam. for Sp. Path. & Aud.	6	1		7
ALASKA	Dept. of Commerce & Economic Dev.	*	*	*	*
ARKANSAS	Bd. of Exam. in Sp. Path. & Aud.	5	2		7
CALIFORNIA	Speech Path. & Aud. Exam. Cmte.	6	3		9
CONNECTICUT	Department of Health Services	*	*	*	*
DELAWARE	Board of Audiology, Speech Pathology, & Hearing Aid Dealers	4	1	2(a)	7
FLORIDA	Dept. of Professional Regulation, St. Advisory Council of SLP & Aud.	5	2		7
GEORGIA	St. Bd. of Exam. for Sp. Path. & Aud.	5	1	1(b)	7
HAWAII	Bd. of Speech Path. & Audiology	4	2	1(c)	7
INDIANA	St. Bd. of Exam on Sp. Path. & Aud.	5	1		6
IOWA	Bd. of Speech Path. & Aud. Exam.	5	2		7
KENTUCKY	Bd. of Speech Path. & Audiology	6	1	1(b)	8
LOUISIANA	Bd. of Exam. of Speech Path. & Aud.	4		2(d)	6
MAINE	Bd. of Exam. on Speech Path. & Aud.	4	1	2(e)	7
MARYLAND	St. Bd. of Exam. for Speech Path.(f)	5	1		6
	St. Bd. of Exam. for Audiologists(f)	5	1		6
MASSACHUSETTS	Bd. of Registration for SLP & Aud.	4	1		5
MISSISSIPPI	Council of Adv. in Sp. Path. & Aud.	4		1(e)	5
MISSOURI	State Board of Healing Arts		1	7(g)	8
MONTANA	Bd. of Speech Path. & Audiology	4	1		5
NEBRASKA	Bd. of Exam. in Aud. & Speech Path.	4	1		5
NEVADA	Bd. of Exam. for Aud. & Speech Path.	3	1	1(c)	5
NEW JERSEY	Audiology & SLP Advisory Cmte.	4	2	3(h)	9
NEW MEXICO	SLP & Audiology Advisory Bd.	4	1		5
NEW YORK	St. Bd. for SLP & Audiology	7			7
NORTH CAROLINA	Bd. of Exam. for SLP & Audiology	4	2	1(e)	7
NORTH DAKOTA	Bd. of Exam. on Aud. & Speech Path.	4	1	2(i)	7
OHIO	Bd. of Speech Path. & Audiology	4	1		5
OKLAHOMA	Bd. of Exam. for Speech Path. & Aud.	3	1	1(b)	5
OREGON	St. Bd. of Exam. for Sp. Path. & Aud.	6		1(c)	7
PENNSYLVANIA	St. Bd. of Exam. in Sp.-Lang. & Hrg.	5	2	3(j)	10

TABLE IX-2 Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
RHODE ISLAND	Bd. of Exam. in Speech Path. & Aud.	3	1	1(b)	5
SOUTH CAROLINA	St. Bd. of Exam. in Sp. Path. & Aud.	4	1	2(i)	7
TENNESSEE	Bd. of Exam. of Speech Path. & Aud.	5		1(e)	6
TEXAS	Cmte. of Exam. for Sp. Path. & Aud.	6	3		9
UTAH	Speech Pathology & Audiology Board	4	1		5
VIRGINIA	Bd. of Exam. for Aud. & Speech Path.	4	2	1(b)	7
WYOMING	Bd. of Exam. of Speech Path. & Aud.	3	1	1(e)	5
PUERTO RICO	Exam. Board of Speech Path. & Aud.	5			5

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Two members shall be hearing aid dealers
b An otolaryngologist
c One member shall be a person licensed to practice medicine, who also holds board certification from the American Board of Otolaryngology
d One member shall be a physician; one member shall be a teacher certified by the State Board of Elementary and Secondary Education as a teacher of the speech defective and hard of hearing
e A licensed physician
f There is a separate board for audiologists and speech pathologists. Each board has six members. The Board of Audiologists has three audiologists and one pathologist. The Board of Pathologists has three pathologists and one audiologist
g Six medical doctors and one doctor of osteopathy
h Two members shall be persons who are licensed to practice medicine and surgery (one shall be a diplomate of the American Board of Otolaryngology and the other shall be a diplomate of the American Osteopathic Board of Otolaryngology); one member shall be a state representative
i One otolaryngologist; one hearing aid dealer
j Two physicians, one of whom is an otolaryngologist, and the Commissioner of Professional and Occupational Affairs

TABLE IX-3 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Department	Department	Department
ARKANSAS	Board	Board	Board
CALIFORNIA	Committee	Committee	Committee
CONNECTICUT	Commissioner	Commissioner	Commissioner
DELAWARE	Board	Board	Board
FLORIDA	Department	Department	Department
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
INDIANA	Board	Board	Board
IOWA	Department	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Committee	Committee	Committee
MONTANA	Board	Board	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	Board	Board
NEW JERSEY	Committee	Committee	Committee
NEW MEXICO	Department	Department	Department
NEW YORK	Department	Department	Department
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Committee	a	Committee
UTAH	Division	Board	Board

TABLE IX-3 Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
VIRGINIA	Department	Board	Board
WYOMING	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Educational Standards Board of the American Speech-Language-Hearing Association

TABLE IX-4

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE
ALABAMA	x	x			x		
ALASKA	x	x	x	x	x	x	
ARKANSAS	x	x					
CALIFORNIA	x	x					
CONNECTICUT	x	x					
DELAWARE	x	x					
FLORIDA	x	x					
GEORGIA	x	x			x		
HAWAII	x	x				x	
INDIANA	x	x					
IOWA	x	x					
KENTUCKY	x	x					
LOUISIANA	x	x					
MAINE	x	x					
MARYLAND	x	x			x		
MASSACHUSETTS							
MISSISSIPPI	x	x					
MISSOURI	x	x		x		x	
MONTANA	x	x					
NEBRASKA	x	x					
NEVADA	x	x			x		a
NEW JERSEY	x	x					
NEW MEXICO	x	x				x	
NEW YORK	x	x					
NORTH CAROLINA	x	x					
NORTH DAKOTA	x	x					
OHIO	x	x					
OKLAHOMA	x	x					
OREGON	x	x					
PENNSYLVANIA	x	x					
RHODE ISLAND	x	x					
SOUTH CAROLINA	x	x					
TENNESSEE	x	x				x	
TEXAS	x	x					
UTAH	x	x		x			

TABLE IX-4 Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
VIRGINIA	x	x					
WYOMING	x	x					
PUERTO RICO	x	x					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Impose a civil penalty not to exceed $1,000

TABLE IX-5

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	a		
ARKANSAS	b		
CALIFORNIA	b	May	
CONNECTICUT	a		
DELAWARE	a	May	
FLORIDA	a		
GEORGIA	a		
HAWAII	a	May	
INDIANA	a		
IOWA	c		
KENTUCKY	a	May	
LOUISIANA	a	May	
MAINE	b		
MARYLAND	a	May	
MASSACHUSETTS	a		
MISSISSIPPI	b		
MISSOURI	a	May	
MONTANA	a	May	
NEBRASKA	b		
NEVADA	a		
NEW JERSEY	b		
NEW MEXICO	a		
NEW YORK	d		
NORTH CAROLINA	a	May	
NORTH DAKOTA	a		
OHIO	b		
OKLAHOMA	a		
OREGON	a	May	
PENNSYLVANIA	a		
RHODE ISLAND	a		
SOUTH CAROLINA	b	May	
TENNESSEE	a	May	
TEXAS	a	May	
UTAH	a		a

TABLE IX-5

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
VIRGINIA	a		
WYOMING	a	May	
PUERTO RICO	a		

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	An exam approved by the Board
b	National Examination in Speech-Language Pathology or Audiology (NESPA), previously known as the National Teacher Examination in Speech Pathology or Audiology
c	National Teacher Examination in Speech Pathology or Audiology
d	Uniform exam in speech pathology or audiology prepared by the Educational Testing Service

TABLE IX-6 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP*	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a	≥9 mos.	≥300 hrs.			Good	
ALASKA	b	1 yr.	c	18			
ARKANSAS	b	≥9 mos.	300 hrs.			Good	
CALIFORNIA	b	≥9 mos.	300 hrs.				
CONNECTICUT	b	9 mos.	300 hrs.			Good	
DELAWARE	b	9 mos.	275 hrs.				
FLORIDA	a	9 mos.	275 hrs.			Good	
GEORGIA	d	9 mos.	300 hrs.				
HAWAII	b	c	c			Good	Yes
INDIANA	b	≥9 mos.	≥300 hrs.			e	Yes
IOWA	b	9 mos.	300 hrs.				
KENTUCKY	b	9 mos.	275 hrs.			Good	Yes
LOUISIANA	b	9 mos.	300 hrs.			Good	
MAINE	b	9 mos.	275 hrs.				
MARYLAND	b	f	f			Good	
MASSACHUSETTS	b	c	c				
MISSISSIPPI	b	9 mos.	300 hrs.			Good	
MISSOURI	b	9 mos.	≥275 hrs.			Good	
MONTANA	c	c	c				
NEBRASKA	b	≥9 mos.	300 hrs.				
NEVADA	b		≥300 hrs.	>21		Good	Yes
NEW JERSEY	b	f	f				
NEW MEXICO	c	c	c	Majority			
NEW YORK	b	g		21		Good	
NORTH CAROLINA	b	9 mos.	≥300 hrs.				
NORTH DAKOTA	b	h	h			Good	
OHIO	d	9 mos.	300 hrs.				
OKLAHOMA	b	9 mos.	275 hrs.			Good	
OREGON	b	9 mos.	275 hrs.			Good	
PENNSYLVANIA	b	1 yr.					
RHODE ISLAND	a	9 mos.	275 hrs.			Good	
SOUTH CAROLINA	b	9 mos.	275 hrs.			Good	
TENNESSEE	b	9 mos.	≥275 hrs.	18		Good	
TEXAS	b	9 mos.	≥300 hrs.				
UTAH	b	1 yr.				Good	Yes

TABLE IX-6

Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP*	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
VIRGINIA	a		300 hrs.				
WYOMING	b	h	h				
PUERTO RICO	b			>18	i	Good	

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Internship means professional experience
a Completion of 60 hours of a well-integrated program and completion of academic requirements
b Possess at least a master's degree in speech pathology or audiology
c Meet requirements of the American Speech-Language-Hearing Association
d Hold at least a baccalaureate degree in speech pathology or audiology
e Not convicted of a felony that has a direct bearing on ability to practice competently
f The requirements shall not be substantively inconsistent with currently recognized professional standards
g The applicant must have completed a minimum of one year of supervised experience in Speech Language Pathology satisfactory to the Board
h An amount to be determined by the Board
i Resided in Puerto Rico the last six months

TABLE IX-7 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	50	50	25	50/An			
ALASKA*							
ARKANSAS	40	25	<50	25/An		10	40
CALIFORNIA		85		50/Bi		10	
CONNECTICUT		25(a)		15/An		5	
DELAWARE		25	25	10/An		5	
FLORIDA		25		25/Bi			
GEORGIA	40	30		40/Bi			
HAWAII	25	10		Bi			
INDIANA*				Bi			
IOWA	80	25		80/Bi	40	10	
KENTUCKY	50	25	25	25/An			
LOUISIANA	50			55/An			
MAINE	40	25		80/Bi	40		
MARYLAND*							
MASSACHUSETTS*							
MISSISSIPPI	25	25		25	25		
MISSOURI	50			25/An			50
MONTANA	25	40					
NEBRASKA	75			25/Bi	10	10	
NEVADA		50		25/An			
NEW JERSEY	100	10		Bi			
NEW MEXICO	<50			<50/An			
NEW YORK		155	80	90/Tri			65
NORTH CAROLINA	25	25	25	25/An	25		
NORTH DAKOTA*							
OHIO	100		<50	<50/An			
OKLAHOMA		50		25/An		10	
OREGON	25	25	25	25/An			
PENNSYLVANIA*				Bi			
RHODE ISLAND	5	25		5/An			
SOUTH CAROLINA	35	35		35/An		10	
TENNESSEE	100	50	25	≤100/An			
TEXAS	15	25		15/An		10	
UTAH*				Bi			

TABLE IX-7 Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
VIRGINIA		70		40/Bi			
WYOMING	50	25		25/An			25
PUERTO RICO	25		25	25		20	50

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial
a	$25 each for license as a pathologist or audiologist ($50 combined)

TABLE IX-8 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	None		
ALASKA	Reciprocity	a	Sec. 08.11.020(b)(1)
ARKANSAS	Reciprocity	a	Sec. 13(b) of Act
CALIFORNIA	None		
CONNECTICUT	Endorsement	a	CGS 20-411
DELAWARE	Endorsement	a	DCA 3706
FLORIDA	Endorsement	a	KS 468.145
GEORGIA	Endorsement	a	OCG 43-44-9
HAWAII	Endorsement	a	HRS 468E-11
INDIANA	Endorsement	a	880 IAC 1-1-3
IOWA	Endorsement	a,b	IC 470-155.5(1)
KENTUCKY	Endorsement	a	KRS 334A.060
LOUISIANA	Endorsement	a	RS 37:2660
MAINE	Endorsement	a	32 MRSA 6023
MARYLAND	Endorsement	a	ACM 19-305
MASSACHUSETTS*			
MISSISSIPPI	Endorsement	a	MCA 73-38-23
MISSOURI	Endorsement	a	RSMo 345.050
MONTANA	Endorsement	a	MCA 37-15-305
NEBRASKA	Reciprocity		RSN 71-1,192
NEVADA	Endorsement	a	NRS 637B.190
NEW JERSEY	Reciprocity	a	NJSA 45:3B-13
NEW MEXICO	Endorsement	a	NMSA 61-14B-8
NEW YORK	None		
NORTH CAROLINA	Endorsement	a,c	GSNC 90-297
NORTH DAKOTA	Endorsement	a	NDCC 43-37-11
OHIO	Endorsement	a	ORCA 4753.08
OKLAHOMA	Endorsement	a	OS 1606
OREGON	Endorsement	a	ORS 681.300
PENNSYLVANIA	Endorsement	a	Sec. 7 of Act
RHODE ISLAND	Endorsement	a	GLRI 5-48-9
SOUTH CAROLINA	Endorsement	a	GLSC 40-67-70
TENNESSEE	Endorsement	a	TCA 1370-1-04
TEXAS	Reciprocity	a	TCSA 3741.144
UTAH	None		

TABLE IX-8

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
VIRGINIA	Endorsement	a	Reg. 1.2.1
WYOMING	Endorsement	a	WS 33-33-303
PUERTO RICO	Reciprocity	a	Sec. 19

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	Equivalent standards
b	Good moral character
c	In good standing

TABLE IX-9

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	No	
ARKANSAS	a	
CALIFORNIA	No	
CONNECTICUT	No	
DELAWARE	Yes	*
FLORIDA	Yes	10 hrs. annually
GEORGIA	Yes	40 hrs. biennially
HAWAII	No	
INDIANA	Yes	36 hrs. biennially
IOWA	Yes	30 hrs. biennially
KENTUCKY	Yes	15 hrs. annually
LOUISIANA	a	
MAINE	Yes	65 hrs. biennially
MARYLAND	Yes	10 hrs.
MASSACHUSETTS	a	
MISSISSIPPI	Yes	10 hrs.
MISSOURI	No	
MONTANA	Yes	40 hrs. annually
NEBRASKA	Yes	20 hrs. biennially
NEVADA	Yes	15 hrs. annually
NEW JERSEY	a	b
NEW MEXICO	Yes	20 hrs. biennially
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA	Yes	6 hrs. annually
OHIO	No	
OKLAHOMA	No	
OREGON	No	
PENNSYLVANIA	a	
RHODE ISLAND	No	
SOUTH CAROLINA	No	
TENNESSEE	No	
TEXAS	Yes	10 hrs. annually
UTAH	Yes	$\geq$30 hrs./5 years

TABLE IX-9

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
VIRGINIA	No	
WYOMING	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	Continued competency may be a requirement for license renewal and/or Board is empowered to establish eligibility standards for license renewal
b	An amount determined by the Board

CHAPTER X

STATE REGULATION OF VETERINARIANS

VETERINARIAN

Type of State Regulation

Every state, and the District of Columbia and Puerto Rico, regulate veterinarians through licensure. (See Table X-1).

Scope of Practice

The scope of practice of a veterinarian is largely uniform throughout the United States. An example of a veterinary scope of practice is taken from California (Bus. & Prof. Code 4826):

> Practice of Veterinary Medicine shall mean:
>
> a. The practice of veterinary medicine, veterinary surgery, or veterinary dentistry in any of its branches.
>
> b. To diagnose or prescribe a drug, medicine, appliance or application or treatment of whatever nature for the prevention, cure or relief of a wound, fracture, bodily injury or disease of animals.
>
> c. The performance of a surgical or dental operation upon an animal.
>
> d. The performance of a manual procedure for the diagnosis of pregnancy, sterility, or infertility upon livestock.

Composition of State Regulatory Bodies and Functions

Every jurisdiction utilizes a veterinary board or commission to regulate the profession. In every jurisdiction, veterinarians comprise a majority of the board, and public members sit on boards in 35 jurisdictions. For complete details on the composition of the boards, see Table X-2.

In all but three states, the board has primary responsibility for issuing the licenses and promulgating rules and regulations. In the large majority of the states, the board will also approve or accredit educational programs. (See Table X-3).

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 32 percent of the state boards are also allowed to restrict practice, reprimand, probate or fine a practitioner. Other available sanctions are specified in Table X-4.

Requirements for Licensure

All jurisdictions require a written examination prepared either by the board or an outside organization. Thirty-four jurisdictions require a practical examination and some jurisdictions require both a practical and an oral examination. (See Table X-5).

Most jurisdictions require that the applicant be a graduate of a college of veterinary medicine that is approved and accredited. Most require that the applicant be of good moral character and meet a minimum age requirement. Seventeen states require the applicant to be a U.S. citizen. (See Table X-6).

Interstate Recognition of Credentials

Fifteen jurisdictions provide for reciprocity while eight jurisdictions will endorse the license of an out-of-state practitioner. Twenty-five states do not provide for reciprocity or endorsement.

Continuing Education Requirements

Twenty-nine jurisdictions require continuing education. Table X-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for six types of fees are shown in Table X-7.

TABLE X-1

VETERINARIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	AC 86-500
ALASKA	Licensure	AS Sec. 08.98.120
ARIZONA	Licensure	ARS 32-2201
ARKANSAS	Licensure	AS 72-1136
CALIFORNIA	Licensure	Bus. & Prof. Code 4846
COLORADO	Licensure	CRS 12-64-104
CONNECTICUT	Licensure	CGS Sec. 20-197
DELAWARE	Licensure	DCA 3303
FLORIDA	Licensure	FS 474.202
GEORGIA	Licensure	OCG 43-50-22
HAWAII	Licensure	HRS 471-2
IDAHO	Licensure	IC 54-2103
ILLINOIS	Licensure	111 IRS PA 83-1016 Sec. 1
INDIANA	Licensure	IC 15-51.1-9
IOWA	Licensure	IC 169.4
KANSAS	Licensure	KSA 47-817
KENTUCKY	Licensure	KRS 321.190
LOUISIANA	Licensure	RS 37: 1513
MAINE	Licensure	32 MRSA 4860
MARYLAND	Licensure	ACM 2-301
MASSACHUSETTS	Licensure	ALM 55
MICHIGAN	Licensure	R 338.4905
MINNESOTA	Licensure	MS 156.02
MISSISSIPPI	Licensure	MCA 73-39-2
MISSOURI	Licensure	RSMo 340.020
MONTANA	Licensure	MCA 37-18-301
NEBRASKA	Licensure	RS 71-1, 154-5
NEVADA	Licensure	NRS 638.001
NEW HAMPSHIRE	Licensure	NHRSA 332-B:2
NEW JERSEY	Licensure	RS 45:16-1.1
NEW MEXICO	Licensure	NMSA 61-14-2
NEW YORK	Licensure	CLNYA 135-62
NORTH CAROLINA	Licensure	GSNC 90-179
NORTH DAKOTA	Licensure	NDCC 43-29-07
OHIO	Licensure	ORCA Sec. 4741.01

TABLE X-1

VETERINARIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 698.1
OREGON	Licensure	ORS 686.020
PENNSYLVANIA	Licensure	49 PA HB 1646 Sec. 1-5
RHODE ISLAND	Licensure	GLRI 5-25-10
SOUTH CAROLINA	Licensure	CLSC 40-69-80
SOUTH DAKOTA	Licensure	SDLA 36-12-1
TENNESSEE	Licensure	TCA 63-12-112
TEXAS	Licensure	Art. 7465a Sec. 5
UTAH	Licensure	UCA 58-28-1
VERMONT	Licensure	VSA 2401-4
VIRGINIA	Licensure	CV 54-776
WASHINGTON	Licensure	RCW 18.92.050
WEST VIRGINIA	Licensure	WVC 30-10-2
WISCONSIN	Licensure	WSA 453.02
WYOMING	Licensure	WS 33-30-203
D.C.	Licensure	DC 2-2723
PUERTO RICO	Licensure	LPRA 591-598

Source: HPLIS/Council of State Governments; May, 1987

TABLE X-2 Page 1 of 2

VETERINARIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	AL St. Bd. of Vet. Med. Exam.	5			5
ALASKA	Board of Veterinary Examiners, St. Dept. of Commerce & Econ. Dev.	4	1		5
ARIZONA	AZ St. Vet. Med. Examining Bds.	5	2		7
ARKANSAS	Veterinary Medical Examining Bd.	4		1(a)	5
CALIFORNIA	State Board of Vet. Examiners, Dept. of Consumer Affairs	4	2		6
COLORADO	Board of Veterinary Medicine	5			5
CONNECTICUT	Board of Vet. Registration & Exam.	3	2		5
DELAWARE	St. Board of Veterinary Medicine	3	2		5
FLORIDA	Board of Veterinary Medicine, Dept. of Prof. Regulation	5	2		7
GEORGIA	St. Board of Veterinary Medicine	5	1		6
HAWAII	Board of Vet. Exam. of the State	5	2		7
IDAHO	St. Board of Veterinary Medicine	4			4
ILLINOIS	Vet. Licensing & Discip. Board, Dept. of Registration & Educ.	6	1		7
INDIANA	IN Board of Vet. Med. Examiners	5	1		6
IOWA	IA Bd. of Vet. Med., Dept. of Agri.	3	2		5
KANSAS	Board of Veterinary Examiners	4	1		5
KENTUCKY	KY Board of Veterinary Examiners	4	1		5
LOUISIANA	LA Board of Veterinary Medicine, Dept. of Health & Human Resources	5			5
MAINE	St. Board of Veterinary Medicine	5	1		
MARYLAND	MD Board of Vet. Med. Examiners	5	2		7
MASSACHUSETTS	Bd. of Registration in Vet. Med.	4	1		5
MICHIGAN	Board of Veterinary Medicine, Dept. of Licensing & Regulation	5	2	1(b)	8
MINNESOTA	Veterinary Medicine Examining Bd.	5			5
MISSISSIPPI	MS Board of Veterinary Medicine	5			5
MISSOURI	MO Veterinary Medical Board	4	1		5
MONTANA	Board of Veterinarians, Dept. of Commerce	5	1		6
NEBRASKA	St. Bd. of Examiners in Veterinary Med. & Surgery, Dept. of Health	3	1		4
NEVADA	NV St. Bd. of Vet. Med. Examiners	6	1		7
NEW HAMPSHIRE	Board of Veterinary Medicine	5	1		6
NEW JERSEY	St. Bd. of Vet. Med. Examiners	5		c	≥5

TABLE X-2 Page 2 of 2

VETERINARIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
NEW MEXICO	NM Bd. of Vet. Med. Examiners	5	1		6
NEW YORK	NY St. Bd. of Vet. Med. Examiners	11	3	2(b)	16
NORTH CAROLINA	NC Veterinary Medicine Board	6	1		7
NORTH DAKOTA	St. Bd. of Vet. Med. Examiners	3			3
OHIO	St. Veterinary Medical Board	5			5
OKLAHOMA	St. Bd. of Vet. Med. Examiners	5			5
OREGON	OR St. Vet. Med. Examiners Bd.	5			5
PENNSYLVANIA	PA St. Bd. of Veterinary Med., Dept. of St. Bd. of Vet. Med.	5	2	2(d)	9
RHODE ISLAND	Bd. of Vet. Med., RI Dept. of Health, Div. of Prof. Reg.	5	1		6
SOUTH CAROLINA	SC Bd. of Vet. Med. Examiners	7	1		8
SOUTH DAKOTA	SD Bd. of Vet. Med. Examiners	3			3
TENNESSEE	Board of Vet. Med. Examiners, Dept. of Prof. Regulation	5			5
TEXAS	St. Bd. of Vet. Med. Examiners	7	2		9
UTAH	Veterinary Board	4	1		5
VERMONT	State Veterinary Board	4	2		6
VIRGINIA	VA Board of Veterinary Medicine	5			5
WASHINGTON	WA St. Vet. Board of Governors	5	1		6
WEST VIRGINIA	WV Board of Veterinary Medicine	5			5
WISCONSIN	Veterinary Examining Board, Dept. of Regulation & Licensing	5	1		6
WYOMING	Board of Veterinary Medicine	5			5
D.C.	Board of Veterinary Examiners	5	2		7
PUERTO RICO	Bd. of Vet. Exam. of P.R., Dept. of Health of the Commonwealth of P.R.	4	1		5

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Livestock producer
b Animal health technicians
c Includes any members who may be required by P.L. 1971
d One Commissioner of Professional and Occupational Affairs; one certified as an animal health technician

TABLE X-3

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VETERINARIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Department	Board	Department
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	Board	Board
CONNECTICUT	Board	Department	Board
DELAWARE	Board	Board	Board
FLORIDA	Department	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IDAHO	Board	Board	Board
ILLINOIS	Board	Department	Board
INDIANA	Board	Board	Board
IOWA	Board	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Board	Board	Board
MINNESOTA	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
MONTANA	Board	Board	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	Board	Board
NEW HAMPSHIRE	Board	N/A	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Board	Board	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE X-3

VETERINARIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Div. of Prof. Reg.	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
UTAH	Board	Board	Board
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board
WYOMING	Board	Board	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Higher Educ. Council	Board

Source: HPLIS/Council of State Governments; May, 1987

TABLE X-4 Page 1 of 2

VETERINARIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE	OTHER
ALABAMA	x	x			x		≤1000	
ALASKA	x	x	a	x	x	b,c		
ARIZONA	x	x		x		x	≤500	
ARKANSAS	x	x						
CALIFORNIA	x	x				x	≥500	
COLORADO	x	x					x	
CONNECTICUT	x	x						
DELAWARE	x	x		x	x	a,b,c	50(d)	
FLORIDA	x	x		x	x		≤1000	e
GEORGIA	x	x	x		x		≤500	
HAWAII	f	x					≤500	
IDAHO	x	x						g
ILLINOIS	x	x		x	x	x		
INDIANA	x	x		x	x	x		c
IOWA	x	x						
KANSAS	x	x						
KENTUCKY	x	x						
LOUISIANA	x	x						g
MAINE	x	x		x		x		
MARYLAND	x	x						
MASSACHUSETTS	x	x						
MICHIGAN	x	x						
MINNESOTA	x	x						
MISSISSIPPI	x	x				x	100-500	
MISSOURI	x	x		x		x		
MONTANA	x	x		x	x	x	200-500	h
NEBRASKA	x	x						
NEVADA	x	x	x	x	x	x	≤5000	
NEW HAMPSHIRE	x	x	x		x			c
NEW JERSEY	x	x						
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x						
NORTH DAKOTA	x	x						
OHIO	x	x			x			

TABLE X-4 Page 2 of 2

VETERINARIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE	OTHER
OKLAHOMA	x	x						
OREGON	x	x	x		x	x	May	
PENNSYLVANIA	x	x			x	x	≤1000(f,i)	
RHODE ISLAND	x	x						f
SOUTH CAROLINA	x	x	x					
SOUTH DAKOTA	x	x						
TENNESSEE	x	x						
TEXAS	x	x			x	x		
UTAH	x	x	x	x	x	x	x	
VERMONT	x	x			x			
VIRGINIA	x	x						
WASHINGTON	x	x	x	x	x	x	≤500	
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						
D.C.	x	x						
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Limit practice to those areas prescribed
b Report regularly to board upon matters involving basis of probation
c Continuing professional education until satisfactory degree of skills has been attained in those areas determined by board to need improvement
d Fine for practicing without a license (first offense)
e Attend continuing education courses or work under supervision of another veterinarian
f Up to two years
g Take such other action in relation to disciplining as the board in its discretion may deem proper
h Imprisonment in county jail for 30 days to six months
i Submit to care, counseling or treatment of a physician or a psychologist designated by board

TABLE X-5

VETERINARIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a,b	c	d
ALASKA	a	e	b,d
ARIZONA	a,b	c	d
ARKANSAS	a,b	f	f
CALIFORNIA	a,b		c
COLORADO	a (may adopt)	f	f
CONNECTICUT	c	g	
DELAWARE	a		
FLORIDA	a,h		d
GEORGIA	a,b	c	d
HAWAII	a,b		c
IDAHO	a		i
ILLINOIS	a		d
INDIANA	a	e	
IOWA	a	f	f
KANSAS	a,b,d	c	
KENTUCKY	a,i		d
LOUISIANA	a,b	f	d
MAINE	a		d and/or e
MARYLAND	c		
MASSACHUSETTS	a	c	d
MICHIGAN	a	e	e
MINNESOTA	c	g	
MISSISSIPPI	a		d
MISSOURI	a,c		c
MONTANA	a,f	f	f,j
NEBRASKA	a	f	d
NEVADA	c,f		
NEW HAMPSHIRE	a	c	d
NEW JERSEY	a		
NEW MEXICO	c		
NEW YORK	a,b		k
NORTH CAROLINA	a	e	d
NORTH DAKOTA	a		
OHIO	a,b		d

TABLE X-5

Page 2 of 2

VETERINARIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	a		c
OREGON	a	f	
PENNSYLVANIA	a	e	d
RHODE ISLAND	c		
SOUTH CAROLINA	c		
SOUTH DAKOTA	c	c	c
TENNESSEE	a,b	f	f
TEXAS	f	f	f
UTAH	a		d,i
VERMONT	b	c	d
VIRGINIA	a,b		d
WASHINGTON	a	f	f
WEST VIRGINIA	c	c	
WISCONSIN	a	c	d
WYOMING	c		
D.C.	c		
PUERTO RICO	c		

Source: HPLIS/Council of State Governments; May, 1987

Key:

a National Board Examination by Professional Exam Service
b State written exam
c Exam is required but no reference to a specific exam
d Clinical Competency Test (CCT)
e Combined oral/practical exam
f Supplemental as board feels necessary
g Oral and/or practical exam
h Written portion based upon the Veterinary Medicine Practice Act
i Written practical exam
j Practical Exam (PE) prepared by members of Licensing Committee
k Exam prescribed by Board

TABLE X-6

Page 1 of 2

VETERINARIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a	Good	21	Yes	
ALASKA	a				
ARIZONA	a	Good			
ARKANSAS	a	Good	21	Yes	
CALIFORNIA	b		18		
COLORADO	a,b	Good	21	Yes	
CONNECTICUT	a				
DELAWARE	a				
FLORIDA	a				
GEORGIA	b	Good	18	No	
HAWAII	a,c	Good	18	No	
IDAHO	b	Good	21		
ILLINOIS	b,d	Good		Yes	
INDIANA	a or e				
IOWA	a	Good			
KANSAS	b	Good		Yes	
KENTUCKY	a	Good	18		
LOUISIANA	b	Good	21	Yes	
MAINE	b	Good		Yes	
MARYLAND	b	Good			
MASSACHUSETTS	a	Good	18		
MICHIGAN	b	Good	18		
MINNESOTA	a	Good	21		
MISSISSIPPI	b	Good	21	Yes ---or---	Yes
MISSOURI	a	Good			
MONTANA	a,b	Good			
NEBRASKA	a	Good	21		
NEVADA	a	Good		Yes	
NEW HAMPSHIRE	a	Good	18		
NEW JERSEY	a,b				
NEW MEXICO	a,f	Good	21	Yes	
NEW YORK	a	Good	>21	Yes	
NORTH CAROLINA	a	Good	18		
NORTH DAKOTA	a,g				
OHIO	h				

TABLE X-6

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VETERINARIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a	Good	21		
OREGON	a,e,f	Good	18	Yes	
PENNSYLVANIA	a	Good	18		
RHODE ISLAND	a		18		
SOUTH CAROLINA	b	Good			
SOUTH DAKOTA	b,f		21	Yes	
TENNESSEE	b	Good		Yes	
TEXAS	a		Legal age		
UTAH	a,i	Good	21	Yes	
VERMONT	a,j	Good	Legal age	No	
VIRGINIA	a	Good	18		
WASHINGTON	b	Good	21		
WEST VIRGINIA	a	Good	21	Yes	
WISCONSIN	b		18		
WYOMING	a	Good	21	Yes	
D.C.	a,h,f	Good			
PUERTO RICO	a	Good	Legal age		Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Graduate of school approved and accredited by American Veterinary Medicine Association; or accredited by the division or certification by the Education Council for Foreign Veterinary Graduates
b	Certification that applicant has completed all but last portion of last session of approved veterinary college
c	In lieu of four-year graduate, actively practiced for 10-12 years immediately preceding the date of application in state with standards equal to those in new state
d	Two-year pre-veterinary college training
e	At least one year active practice completed, or served at least six months' probation within state of Oregon or one year's probation in any other state
f	Passed examination of the American Veterinary Association's Education Commission for foreign veterinary graduates (ECFVG) or other examinations given by Board
g	Paramedical person who has had further training of at least one year
h	Graduate of four-year veterinary school accredited by AVMA
i	Practiced under the supervision of licensed veterinarian at least six months
j	Will graduate within 180 days from approved veterinary college

TABLE X-7

Page 1 of 2

VETERINARIAN

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	50	130(a)	25/An	10		
ALASKA	20	155(b)	200/4 yrs.	20	2	
ARIZONA	250 (incl. exam)		150/Bi	75	20	
ARKANSAS	50	100	40	25		100
CALIFORNIA		168.50(c)	100/Bi		110	
COLORADO			d/Bi			
CONNECTICUT	150 (incl. exam)		150			150
DELAWARE	150 (incl. exam)		40/Bi	25		
FLORIDA	90(e)	190(f)	90/Bi			
GEORGIA	25	185(g)	55	15	25	
HAWAII	100	100				None
IDAHO	100		20/An	25		
ILLINOIS	25	168.90(h)	30/Bi		10	
INDIANA	10	150	30/Bi		10	125
IOWA		85(i)	45/Tri	15	15	50
KANSAS	20	150	20/An			
KENTUCKY	25	25	25/An			25
LOUISIANA	100	175	75/An			
MAINE	100		25/An			
MARYLAND	75		25/An			
MASSACHUSETTS	115 (incl. exam)		25/An		10	75
MICHIGAN		100	50/Bi	25		100
MINNESOTA	185 (incl. exam)		≤20/An			100
MISSISSIPPI	50 (incl. exam)		10-100/An			
MISSOURI	30	80	30/An	10		80
MONTANA		75	25/An			
NEBRASKA		75	15/An	25		50
NEVADA	150 (incl. exam)		200/Bi			
NEW HAMPSHIRE	75 (incl. exam)		50/An			
NEW JERSEY		125(j)	120/Bi			
NEW MEXICO	100		35/An			
NEW YORK	270 (incl. exam)		120/Tri	90		
NORTH CAROLINA	estab. annually		25/An			
NORTH DAKOTA	50		20/An			
OHIO	175 (incl. exam)		100/Bi	50	10	200

TABLE X-7

VETERINARIAN

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA	200	(incl. exam)	25/An			100
OREGON		50	50/An			
PENNSYLVANIA	145	(incl. exam)	25/Bi	50		
RHODE ISLAND	200	(incl. exam)	200/Bi	100		
SOUTH CAROLINA	100	(incl. exam)	25/An			
SOUTH DAKOTA	50	25	25/An			50
TENNESSEE	<50	25	10/An	25		
TEXAS	≤200	(incl. exam)	50/An		60	200
UTAH	35		10-20			
VERMONT	50	k	10/Bi	50	5	50
VIRGINIA		375(l)	125/An		5	
WASHINGTON	150	(incl. exam)	30/An	35	5	
WEST VIRGINIA	50		An			
WISCONSIN		170(m)	50/Bi		5	50
WYOMING	100		10/An			
D.C.	20	100	100/Bi			80
PUERTO RICO	50		Tri			

Source: HPLIS/Council of State Governments; May, 1987

Key:

An	Annual
Bi	Biennial
Tri	Triennial
a	Written exam: $90; clinical exam: $40
b	NBE: $90; clinical competency test (CCT): $40; state written exam: $25
c	Written exam: $90; practical exam: $60; processing fee: $18.50
d	Fees change with each renewal based on annual readjustment
e	$90 if applicant is certified in first year of a biennial renewal period; $45 if applicant is certified in second year of a biennial renewal period
f	CCT: $65; NBE: $125
g	NBE: $95; CCT: $40; state board exam: $50
h	NBE: $127.70; CCT: $76.20; combination: $168.90
i	State licensure exam: $40; NBE and/or CCT: $45
j	Practical exam only; board does not administer the NBE or CCT
k	Fee shall be no greater than the costs associated with examination
l	NBE: $150; CCT: $100; state board exam: $125
m	NBE/CCT/practical: $170; NBE/practical: $130; CCT/practical: $80; practical: $40

TABLE X-8

VETERINARIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	No reciprocity	
ALASKA	Endorsement	a,b,c,d,e
ARIZONA	No reciprocity	
ARKANSAS	Reciprocity	a,b,c,f
CALIFORNIA	Reciprocity	a,g,h,i,j
COLORADO	No reciprocity	
CONNECTICUT	Reciprocity	b,f,k,l,m
DELAWARE	No reciprocity	
FLORIDA	Endorsement	b,e,j,k,n,o
GEORGIA	No reciprocity	
HAWAII	No reciprocity	
IDAHO	No reciprocity	
ILLINOIS	Endorsement	b,f
INDIANA	None	a,c,p
IOWA	Reciprocity	a,b,c,d,f
KANSAS	Reciprocity	b,g
KENTUCKY	Reciprocity	b,f,g,k,q,r
LOUISIANA	No reciprocity	
MAINE	No reciprocity	
MARYLAND	Reciprocity	a,c,f,k,r
MASSACHUSETTS	Reciprocity	b,c,f,m,p
MICHIGAN	Endorsement	a,b,f,j,k,p,s
MINNESOTA	No reciprocity	
MISSISSIPPI	None	
MISSOURI	Reciprocity	a,b,k
MONTANA	No reciprocity	
NEBRASKA	Reciprocity	a,b,f,l,t
NEVADA	No reciprocity	
NEW HAMPSHIRE	Reciprocity	b,c,i,p
NEW JERSEY	No reciprocity	
NEW MEXICO	No reciprocity	
NEW YORK	No reciprocity	
NORTH CAROLINA	Endorsement	b,g,n
NORTH DAKOTA	No reciprocity	
OHIO	No reciprocity	

TABLE X-8

VETERINARIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	Reciprocity	a,b,p
OREGON	No reciprocity	
PENNSYLVANIA	Endorsement	c,f,p
RHODE ISLAND	Endorsement	a,b
SOUTH CAROLINA	No reciprocity	
SOUTH DAKOTA	Reciprocity	g,j
TENNESSEE	Reciprocity	g,p
TEXAS	No reciprocity	
UTAH	No reciprocity	
VERMONT	Endorsement	b,f,k,l,r
VIRGINIA	Endorsement	f,q,r
WASHINGTON	No reciprocity	
WEST VIRGINIA	No reciprocity	
WISCONSIN	No reciprocity	
WYOMING	No reciprocity	
D.C.	Reciprocity	b,d,f,g
PUERTO RICO	Reciprocity	b,e,f,k,q

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	National Board Exam score determined acceptable by Board
b	For states with equal or higher requirement standards
c	Individual has been engaged in active practice of veterinary medicine for at least five years or has taught veterinary medicine for five years at approved institution
d	Individual has not failed state written or practical exam
e	Individual has paid required fees
f	Individual has furnished proof that such a state license/certificate is valid
g	Waiver of written exam only by board if applicant has taken written exam in other state with equivalent scope and subject matter
h	Has practiced veterinary medicine for at least four years as a licensed veterinarian
i	Graduated from a veterinary college accredited by AVMA
j	No disciplinary proceedings or unresolved complaints
k	After receiving affidavits attesting individual's good character

TABLE X-8

VETERINARIAN

RECIPROCITY AND ENDORSEMENT

l Has been a practicing veterinarian at least one year prior to filing application

m Desires to move to this state

n Individual has been engaged in active practice of veterinary medicine for at least three years

o Passed multiple-choice exam of Veterinary Medicine Practice

p Only after practical and/or oral exam is administered by Board

q Individual has been endorsed by appropriate regulatory board of veterinary medicine in original state

r After receiving documentation of educational, professional and personal credentials

s Has been engaged in active practice of veterinary medicine for at least two years

t Required to take oral exam before at least two members of the Board

TABLE X-9 Page 1 of 2

VETERINARIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	20 hrs. annually
ALASKA	Yes	a,b
ARIZONA	Yes	20 hrs. biennially
ARKANSAS	Yes	8 hrs. annually plus 4 hrs. visitation with a colleague
CALIFORNIA	No	
COLORADO	Yes	Attend a board approved veterinary education program ≥16 hrs. annually, including (d)
CONNECTICUT	No	
DELAWARE	No	
FLORIDA	Yes	≥30 contact hrs. biennially
GEORGIA	No	
HAWAII	No	
IDAHO	No	
ILLINOIS	Yes	20 hrs. biennially
INDIANA	No	c
IOWA	Yes	60 hrs. triennially(d)
KANSAS	Yes	20 hrs. annually
KENTUCKY	Yes	≥8 hrs. annually
LOUISIANA	No	
MAINE	No	
MARYLAND	Yes	12 hrs. annually
MASSACHUSETTS	No	
MICHIGAN	No	
MINNESOTA	No	
MISSISSIPPI	Yes	10 hrs. annually
MISSOURI	No	
MONTANA	Yes	10 hrs. annually
NEBRASKA	Yes	32 hrs. biennially(d)
NEVADA	Yes	20 hrs. biennially
NEW HAMPSHIRE	Yes	12 hrs. annually
NEW JERSEY	No	
NEW MEXICO	Yes	12 hrs. annually
NEW YORK	No	
NORTH CAROLINA	Yes	15 hrs. annually
NORTH DAKOTA	Yes	12 hrs. annually(e)
OHIO	Yes	10 hrs. annually

TABLE X-9

VETERINARIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	d
OREGON	Yes	f
PENNSYLVANIA	Yes	≥8 hrs. biennially
RHODE ISLAND	No	
SOUTH CAROLINA	Yes	c
SOUTH DAKOTA	Yes	8 hrs. annually
TENNESSEE	Yes	20 hrs. annually
TEXAS	No	
UTAH	No	
VERMONT	No	
VIRGINIA	No	
WASHINGTON	Yes	3 days or 30 hrs. triennially(d)
WEST VIRGINIA	No	
WISCONSIN	No	
WYOMING	No	
D C.	Yes	c
PUERTO RICO	Yes	30 hrs. triennially

Source: HPLIS/Council of State Governments; May, 1987 and The American Veterinary Medical Association

Key:

a Twenty credit hours of approved continuing education must be obtained before December 31, 1984 when license issued before January 1, 1981
b Applicant for renewal of veterinary license on or after December 31, 1984 must obtain 10 credit hours per year of approved continuing education during previous license period
c Amount not specified
d Evidence of participation in approved professional educational activities during the previous year to the extent established by board
e Four hours can be self study
f Lectures 10 hours annually or eight hours lectures and two hours reading or eight hours lectures approved by board and two hours reading of approved scientific journals or listening to approved audio or audio-visual materials or 10 hours lectures approved by board

---

1. Board has authorization to require continuing education, but has not yet implemented a continuing education program.

CHAPTER XI

STATE REGULATION OF VETERINARY TECHNICIANS

VETERINARY TECHNICIAN

Type of State Regulation

Veterinary technicians are regulated in 36 jurisdictions. Five states license veterinary technicians while 15 states and the District of Columbia regulate the practice of veterinary technicians through certification and 13 states register veterinary technicians. As Table XI-1 further indicates, in Alaska, Colorado and Kansas, veterinary technicians are recognized trained practitioners, but they are not regulated by state statute.

Scope of Practice

The scope of practice of veterinary technicians is largely uniform throughout the United States. An example is taken from Ohio (ORCA 4741-1-01):

> An "animal technician" is a person who holds the appropriate credential issued by the Veterinary Medical Board. The responsibility for the proper utilization of the registered animal technician rests solely upon the licensed veterinarian under whom they act.
>
> a. Every action of the animal technician, as related to the practice of veterinary medicine, must be under the responsible supervision of the licensed veterinarian. Meaning the duties, decisions, and actions will be at all times under the control, direction and regulation of the licensed doctor of veterinary medicine.
>
> b. The animal technician may determine the body temperature, pulse rate, blood pressure, rate of respiration and otherwise prepare the patient for examination or treatment. He may perform venipuncture for the purpose of obtaining blood samples or administration of intravenous medication under the direction of the licensed veterinarian.
>
> c. The technician may administer such treatment and/or medication either oral or parenteral as may be ordered by the licensed veterinarian.
>
> d. The technician may perform skin scrapings as well as perform other laboratory procedures.
>
> e. The technician may make diagnostic radiographs.
>
> f. The technician may apply wound dressings and assist the licensed veterinarian in diagnostic medical and surgical procedures.

Composition of State Regulatory Bodies and Functions

Every jurisdiction, except New Mexico, utilizes a veterinary board or commission to regulate the profession. In New Mexico, a Veterinary Technician Examining Committee is given this authority. In all jurisdictions, veterinarians comprise a majority of the board, and public members sit on boards in 23 jurisdictions. Table XI-2 provides complete details on the composition of the boards.

In the large majority of the states the board has primary responsibility for issuing the licenses and promulgating rules and regulations. A department of state government has this responsibility in a few states (i.e., Connecticut, Florida, Illinois and New York). In the majority of the states, the board will also approve or accredit educational programs. (See Table XI-3)

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Twelve of the state boards are also allowed to restrict practice, reprimand, probate or fine a practitioner. Other available sanctions are specified in Table XI-4.

Requirements for Licensure

Most of the jurisdictions require a written examination prepared either by the board or an outside organization. Fourteen jurisdictions require a practical examination and three jurisdictions require both a practical and an oral examination. (See Table XI-5).

Most jurisdictions require that the applicant be a graduate of an approved and accredited program of animal technology. Most require that the applicant be of good moral character and meet a minimum age requirement. (See Table XI-6).

Interstate Recognition of Credentials

Nine states provide for either reciprocity or endorsement of licenses of out-of-state animal technicians. (See Table XI-8).

Continuing Education Requirements

Eleven jurisdictions require continuing education. Table XI-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for six types of fees are shown in Table XI-7.

TABLE XI-1

VETERINARY TECHNICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Registration	AC 86-500 Sec. 2
ALASKA	Registration(a)	AS 12 AC 68.300
ARIZONA	Certification	ARS Vet. Practice Law
ARKANSAS	Licensure	AS 72-1140
CALIFORNIA	Registration	Bus. & Prof. Code 4842.1
COLORADO	Enabling Legislation(a)	
CONNECTICUT	Certification	CGS 384
FLORIDA	Certification	FS 474
GEORGIA	Certification	OCG 43-50-52
ILLINOIS	Licensure	IRS 111:7001 et. seq.
INDIANA	Registration	IC 15-5-1.1-2 Sec. 2
IOWA	Certification	IC 169.20
KANSAS	Registration(a)	KSA 47:8
KENTUCKY	Certification	KRS 321.440
LOUISIANA	b	
MAINE	Registration	32 MRSA 4865
MARYLAND	Registration	ACM 2-301
MICHIGAN	Certification	R 338.4972
MISSISSIPPI	Certification	MCA 73-39-2
MISSOURI	Cert. and Reg.	4 CSR-270-3.010
NEBRASKA	Registration	RS 71-1-177
NEVADA	Licensure	NRS 638.004
NEW MEXICO	Certification	NMSA 61-14-2
NEW YORK	Reg. and Lic.	CLNYA
NORTH CAROLINA	Registration	GSNC 90-187.6
NORTH DAKOTA	Certification	NDCC 43-29-09
OHIO	Registration	ORCA Sec. 4741-1-01
OKLAHOMA	Certification	59 OS 698.2
OREGON	Certification	ORS 686.350
PENNSYLVANIA	Certification	49 PA HB 1646 Sec. 1-5
SOUTH CAROLINA	Licensure	CLSC 40-69-430
SOUTH DAKOTA	Registration	SDLA 36-12-21.1
TENNESSEE	Licensure	TCA 63-12-103
TEXAS	Registration	RCST 7465
VIRGINIA	Certification	CV 54-786.3

TABLE XI-1

VETERINARY TECHNICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
WASHINGTON	Registration	WAC 308-156-010
WEST VIRGINIA	Certification	WVC 30-10-2
WISCONSIN	Certification	WSA 453.02
WYOMING	Registration	WS 30
D.C.	Certification(c)	DC 2-2732
PUERTO RICO	Certification	PRL 194

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a Identified in veterinary practice act, but not state regulated
b State VMA will register technician under name of employing veterinarian
c Law permitting mayor to provide for certification of animal technician to practice under direct supervision of veterinarian

TABLE XI-2 Page 1 of 2

VETERINARY TECHNICIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	AL St. Bd. of Veterinary Medicine	5			5
ALASKA	Board of Veterinary Examiners Dept. of Commerce & Econ. Dev.	4	1		5
ARIZONA	AZ St. Veterinary Med. Examiners	5	2		7
ARKANSAS	Veterinary Med. Examining Board	4		1(a)	5
CALIFORNIA	Bd. of Examiners in Vet. Med.,(b) Dept. of Consumer Affairs	3	3		6
CONNECTICUT	Board of Vet. Registration & Exam.	3	2		5
FLORIDA	Board of Veterinary Medicine, Dept. of Prof. Regulation	5	2		7
GEORGIA	St. Board of Veterinary Medicine	5	1		6
ILLINOIS	Vet. Licensing & Discip. Board, Dept. of Registration & Educ.	6	1		7
INDIANA	IN Board of Vet. Med. Examiners, Health Professions Bureau	5	1		6
IOWA	IA Board of Veterinary Medicine, Dept. of Agriculture	3	2		5
KENTUCKY	KY Board of Veterinary Examiners	4	1		5
MAINE	ME St. Bd. of Veterinary Medicine	5	1		6
MARYLAND	MD Bd. of Vet. Medicine Examiners	7			7
MICHIGAN	Board of Veterinary Medicine, Dept. of Lic. & Regulation	5	2	1(c)	8
MISSISSIPPI	MS Board of Veterinary Medicine	5			5
MISSOURI	MO Veterinary Medicine Board	4	1		5
NEBRASKA	St. Bd. of Examiners in Veterinary Medicine, Department of Health	3	1		4
NEVADA	NV St. Bd. of Vet. Med. Examiners	6	1		7
NEW MEXICO	Vet. Technician Examining Cmte.	5			5
NEW YORK	NY Board of Vet. Med. Examiners	11	3	2(c)	16
NORTH CAROLINA	NC Veterinary Medicine Board	6	1		7
NORTH DAKOTA	St. Board of Vet. Med. Examiners	3			3
OHIO	State Veterinary Medical Board	5			5
OKLAHOMA	St. Board of Vet. Med. Examiners	5			5

TABLE XI-2

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VETERINARY TECHNICIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
OREGON	OR St. Vet. Med. Examiners Board	5	2		7
PENNSYLVANIA	PA St. Board of Vet. Medicine, Dept. of St. Bd. of Vet. Med.	5	2	2(d)	9
SOUTH CAROLINA	SC Board of Vet. Med. Examiners	7	1		8
SOUTH DAKOTA	Board of Vet. Medicine Examiners	3			3
TENNESSEE	Board of Vet. Medicine Examiners, Dept. of Professional Regulation	5			5
TEXAS	St. Board of Vet. Med. Examiners	7	2		9
VIRGINIA	VA Board of Veterinary Medicine	5			5
WASHINGTON	WA St. Veterinary Bd. of Governors, Div. of Professional Licensing	5	1		6
WEST VIRGINIA	WV Board of Veterinary Medicine	5			5
WISCONSIN	Veterinary Examining Board, Dept. of Regulation & Lic.	5	1		6
WYOMING	Board of Veterinary Medicine(e)	5			5
PUERTO RICO	Board of Vet. Examiners of P.R., Department of Health	4	1		5

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a Livestock producer
b Animal Health Technician Examining Committee, 4832
c Animal health technician
d One Commissioner of Professional and Occupational Affairs; one certified as an animal health technician
e Registration through Animal Technician Commission of WVMA

TABLE XI-3

VETERINARY TECHNICIAN

FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

STATE	ISSUE CREDENTIAL	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	Board	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
CONNECTICUT	Board	Department	Board
FLORIDA	Department	Department	Department
GEORGIA	Board	Board	Board
ILLINOIS	Board	Department	Board
INDIANA	Board	Board	Board
IOWA	Board	Board	Board
KENTUCKY	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board(a)	Board(a)	Board(a)
MICHIGAN	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	Board	Board
NEW MEXICO	Board(a)	Board(a)	Board(a)
NEW YORK	Board	Department	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board

TABLE XI-3

VETERINARY TECHNICIAN

FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

STATE	ISSUE CREDENTIAL	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
WYOMING	Board	Board	Board
PUERTO RICO	Board	Higher Ed. Council	Board

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a With assistance of Veterinary Technician Examining Committee

TABLE XI-4 Page 1 of 2

VETERINARY TECHNICIAN

ENFORCEMENT FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT CREDENTIAL	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
ALABAMA	x	x			x			
ALASKA	x	x						
ARIZONA	x	x				x		
ARKANSAS	x	x						
CALIFORNIA	x	x						
CONNECTICUT	x	x						
FLORIDA	x	x						
GEORGIA	x	x	x		x		≤500	
ILLINOIS	x	x						
INDIANA	x	x				x		a
IOWA	x	x						
KENTUCKY	x	x						
MAINE	x	x		x		x		
MARYLAND	x	x						
MICHIGAN	x	x						
MISSISSIPPI	x	x				x	≤1000	
MISSOURI	x	x		x		x		
NEBRASKA	x	x						
NEVADA	x	x	x	x	x	x	x	
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x						
NORTH DAKOTA	x	x			x			
OHIO	x	x						
OKLAHOMA	x	x						
OREGON	x	x						
PENNSYLVANIA	x	x			x	x	≤1000	a,b
SOUTH CAROLINA	x	x	x					
SOUTH DAKOTA	x	x						
TENNESSEE	x	x						
TEXAS	x	x						
VIRGINIA	x	x						
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						

TABLE XI-4

VETERINARY TECHNICIAN

ENFORCEMENT FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a Take such other action in relation to disciplining as the Board in its discretion may deem proper
b Submit to care, counseling or treatment of a physician or a psychologist designated by Board

TABLE XI-5

Page 1 of 2

VETERINARY TECHNICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	None		
ARIZONA	b		
ARKANSAS	a,c		
CALIFORNIA	c		a
CONNECTICUT	None		
FLORIDA	a		
GEORGIA	a		a
ILLINOIS	a		
INDIANA	a	b	b
IOWA	a		b
KENTUCKY	a	d	
MAINE	a		
MARYLAND	a		
MICHIGAN	a	e	e
MISSISSIPPI	a	e	e
MISSOURI	a	b	b
NEBRASKA	None		
NEVADA	c		b
NEW MEXICO	b		
NEW YORK	a		b
NORTH CAROLINA	a		
NORTH DAKOTA*			
OHIO	None		
OKLAHOMA	a		
OREGON	b		b
PENNSYLVANIA	a	f	f
SOUTH CAROLINA	b	b	b
SOUTH DAKOTA	a		
TENNESSEE	b		
TEXAS	a		
VIRGINIA	a		b
WASHINGTON	a		b
WEST VIRGINIA	b		
WISCONSIN	a	b	
WYOMING	g		

TABLE XI-5

VETERINARY TECHNICIAN

EXAMINATION OF APPLICANTS

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	National Animal Technician Exam
b	Exam is required but no reference to a specific exam
c	State examination
d	Oral interview
e	Combined oral/practical exam
f	Oral and/or practical exam
g	Exam not given in recent years

TABLE XI-6 Page 1 of 2

VETERINARY TECHNICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERN-SHIP	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a,b		18		Good	
ALASKA	a,b					
ARIZONA	c				Good	
ARKANSAS	a,d				Good	Yes
CALIFORNIA	a,d or e+f		18			
CONNECTICUT	a					
FLORIDA	a					
GEORGIA	a		18		Good	No
ILLINOIS	a					
INDIANA	a,c,g		18			
IOWA	a,d or h				Good	Yes
KENTUCKY	a,b or j		18		Good	
MAINE	c,d or i					
MARYLAND	j		18		Good	
MICHIGAN	a,k					
MISSISSIPPI	a,c or l		18		Good	
MISSOURI	a,m	3 mos.				
NEBRASKA	a					
NEVADA	b		18		Good	Yes
NEW MEXICO	d,j				Good	
NEW YORK	a				Good	Yes
NORTH CAROLINA	d					
NORTH DAKOTA	c,d or e+i					
OHIO	a					
OKLAHOMA	a					
OREGON	a,c,d or n					
PENNSYLVANIA	a,b		18		Good	No
SOUTH CAROLINA	a,d,h		18		Good	
SOUTH DAKOTA	a					
TENNESSEE	a,d					
TEXAS	a					
VIRGINIA	a,c		18		Good	
WASHINGTON	a,c or h					
WEST VIRGINIA	a,d,g		18		Good	Yes
WISCONSIN	a,c or n		18			
WYOMING	a					

TABLE XI-6

Page 2 of 2

VETERINARY TECHNICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a	Diploma in animal technology from American Veterinary Medicine Association or approved school
b	Documentation of established relationship with veterinarian licensed and actively practicing in the state
c	Passed examination prescribed by Board of Registration
d	Two years animal health technology training program approved by the Board
e	One year animal health technology training program
f	Bachelor's degree in animal science
g	High school graduate
h	Assisted licensed veterinarian for at least five years
i	On-the-job training in technical procedures under supervision of licensed veterinarian
j	Academic training prescribed by Board
k	Employed at least three years in training for animal technology with a licensed veterinarian
l	High school diploma or GED and at least five years' practical training
m	Residence course of at least 18 months with three months of internship
n	Assisted licensed veterinarian for at least two years

TABLE XI-7

VETERINARY TECHNICIAN

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	25	60	15/An			
ALASKA*						
ARIZONA	50 (incl. exam)		20/Bi		25	
ARKANSAS	40	60	25/An			
CALIFORNIA		35	50/Bi			
CONNECTICUT		60-70	10/Bi			
FLORIDA		60	10/An			
GEORGIA	25	60	20/Bi	15	25	
ILLINOIS		60	15/Bi			
INDIANA		60	30/Bi		5	50
IOWA		60	None req'd.			
KENTUCKY		75	15/An			
MAINE		60	10			
MARYLAND	50	60	25/Tri			
MICHIGAN		60	20/Bi	10		
MISSISSIPPI		60	5/An			
MISSOURI	20	70	15/An			
NEBRASKA	5		5/An			
NEVADA		35	10/An			
NEW MEXICO		50	20/An			
NEW YORK		60	45/Tri			
NORTH CAROLINA		65	5/An			
NORTH DAKOTA	25 (incl. exam)		10/An			
OHIO	20	20	20/Bi			
OKLAHOMA		125	10/An			
OREGON		35	10/An			
PENNSYLVANIA		65	10/Bi			
SOUTH CAROLINA		25	10/An			
SOUTH DAKOTA		60	10/An			
TENNESSEE		25	10/An			
TEXAS	110 (incl. exam)		20/An			
VIRGINIA		65-80	30/Bi		10	
WASHINGTON	21	60	21/An		5	
WEST VIRGINIA		25	10/An			
WISCONSIN		85	50/Bi			
WYOMING	10 (incl. exam)		5/An			

TABLE XI-7

VETERINARY TECHNICIAN

SCHEDULE OF FEES

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial

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VETERINARY TECHNICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	None	
ALASKA	None	
ARIZONA*		
ARKANSAS	Reciprocity	a
CALIFORNIA	None	
CONNECTICUT	None	
FLORIDA	Endorsement	
GEORGIA	Endorsement	a,b
ILLINOIS	Endorsement	
INDIANA	Reciprocity	b,c,d,e
IOWA	None	
KENTUCKY	None	
MAINE	None	
MARYLAND	None	
MICHIGAN	Endorsement	a,b
MISSISSIPPI*		f
MISSOURI	Reciprocity	f
NEBRASKA	Reciprocity	g
NEVADA	None	
NEW MEXICO	None	
NEW YORK	None	
NORTH CAROLINA	None	
NORTH DAKOTA*		
OHIO	None	
OKLAHOMA	None	
OREGON	None	
PENNSYLVANIA	Endorsement	g
SOUTH CAROLINA*		
SOUTH DAKOTA	None	
TENNESSEE*		
TEXAS*		
VIRGINIA	Endorsement	b,d
WASHINGTON	Reciprocity	a,b,d,h
WEST VIRGINIA*		
WISCONSIN	None	
WYOMING	None	
PUERTO RICO*		

TABLE XI-8 Page 2 of 2

VETERINARY TECHNICIAN

RECIPROCITY AND ENDORSEMENT

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	When license requirements of both states are substantially equivalent
b	Individual has furnished proof that such a state license/certificate is valid
c	Only after practical and/or oral exam is administered by Board
d	After receiving affidavits attesting individual's good character
e	Individual has been engaged in active practice of veterinary medicine for at least five years
f	Determined by Board on individual's merits
g	Determined by Board that experience of the applicant is of such magnitude and scope as to render further formal training and education non-essential in provision of veterinary services
h	National Board Exam score determined acceptable by Board

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VETERINARY TECHNICIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	4 hrs. annually
ALASKA	No	
ARIZONA*		
ARKANSAS	No	
CALIFORNIA	No	≥1 course of study annually
CONNECTICUT	Yes	20 hrs. biennially
FLORIDA	Yes	10 hrs. biennially
GEORGIA	No	
ILLINOIS	No	
INDIANA*		
IOWA	No	
KENTUCKY	No	
MAINE	No	
MARYLAND	Yes	24 hrs. triennially
MICHIGAN	No	
MISSISSIPPI	No	
MISSOURI*		
NEBRASKA	Yes	≥8 hrs. annually
NEVADA	Yes	10 hrs. annually
NEW MEXICO	Yes	8 hrs. annually
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA*		
OHIO	Yes	8 hrs. annually
OKLAHOMA	No	
OREGON	No	
PENNSYLVANIA	Yes	8 hrs. biennially
SOUTH CAROLINA	No	
SOUTH DAKOTA	No	
TENNESSEE	Yes	12 hrs. annually
TEXAS	Yes	5 hrs. annually
VIRGINIA*		
WASHINGTON	No	
WEST VIRGINIA	No	
WISCONSIN	No	
WYOMING	No	

TABLE XI-9 Page 2 of 2

VETERINARY TECHNICIAN

CONTINUING EDUCATION REQUIREMENTS

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

* Information was not available to HPLIS staff at the time of publication

CHAPTER XII

THE HEALTH OCCUPATIONS UNDER REVIEW: AN UPDATE ON STATE SUNRISE ACTIVITIES, 1985-87

THE HEALTH OCCUPATIONS UNDER REVIEW: AN UPDATE ON STATE SUNRISE ACTIVITIES, 1985-1987

I. Background

The health occupations have been one of the fastest growing components of the labor force over the past several decades.[1] Along with that growth has come increasing demand on the part of both well-established and newer occupational and professional groups for occupational licensing laws.

Concerns about these trends began to emerge early in the 1970s. The U.S. Department of Health, Education and Welfare, in a 1971 report,[2] proposed a two-year moratorium on the enactment of new licensing laws for the health occupations, while urging action to reform and revise existing regulatory statutes. The moratorium recommendation was extended for another two years in 1973. In a 1977 report, DHEW recommended that states, before enacting legislation to license additional health occupations, review the proposed legislation in the light of five criteria that were adapted from an earlier New Jersey study.[3] The criteria focused on potential harm from lack of regulation, public benefit from regulation, existence of other means of protection, and the appropriateness of licensure as a remedy. Conducting reviews of proposed legislation is frequently referred to as "sunrise" by state legislatures and agencies.

The first sunrise legislation, enacted by Minnesota in 1973, established a mechanism to evaluate and coordinate the credentialing of allied health personnel through an advisory committee to the state board of health.[4] The review procedures developed in Minnesota served as guides to sunrise efforts developed later by other states.

In 1978, The Council of State Governments published an influential report, Occupational Licensing: Questions a Legislator Should Ask.[5] The authors argued that occupational regulation should be competency-based and publicly accountable. Drawing upon and expanding the issues and criteria that had been advanced in the earlier New Jersey, DHEW, and other studies and reports on occupational credentialing, the publication outlined why and when states should regulate occupations. The list of 50 questions which concludes the report (See Appendix A) has been widely used by legislators and policymakers in evaluating regulatory proposals. In 1979, the New York State Legislature adopted the list of questions as a guide to their sunrise process.

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[1] Sekscenski, E.S., "The Health Services Industry: A Decade of Expansion," Monthly Labor Review, 104:9-16, 1981.

[2] U.S. Department of Health, Education and Welfare, Office of Assistant Secretary for Health and Scientific Affairs. Report on Licensure and Related Health Personnel Credentialing, DHEW Pub. No. (HSM) 72-11, Washington, D.C., USGPO, June 1971.

[3] ____________, Public Health Service. Credentialing Health Manpower, Washington, D.C., USGPO, July 1977; Regulating Professions and Occupations, New Jersey Professional and Occupational Licensing Study Commission, January 1971.

[4] MSA, Chap. 709 ss. 145.861-145.866.

[5] Shimberg, B., and D. Roederer, Occupational Licensing: Questions a Legislator Should Ask, Lexington, KY, The Council of State Governments, 1978.

II. Overview of Current State Sunrise Efforts

Currently, 14 states have sunrise legislation. One-half of the programs have been initiated since 1984; one in 1984, three in 1985 and four in 1986. (See Table XII-1). The programs are dispersed geographically throughout the country: four in the West, three in the South, one in the Mid-Atlantic area, two in New England and five in the Midwest.

Seven states--Arizona, Colorado, Hawaii, Maine, New York, Tennessee and Vermont--have placed responsibility for the sunrise function in a legislative agency or committee. Among states that have placed the function in executive agencies, the administrative locus has been either a health or a licensing/regulatory agency.

While the first sunrise program enacted covered only health occupations, about half of the current programs include all occupational regulation under the scrutiny of their review. Minnesota's program now covers health and human services personnel. Michigan has separate legislative authorities and separate review bodies for health and non-health occupational licensing proposals. Washington has considered extending its sunrise program to include non-health occupations.

All of the sunrise laws include criteria against which proposals for new regulation are evaluated. The criteria tend to be fairly similar across states and clearly derive from the analyses and recommendations of The Council of State Governments and DHEW reports cited above. In general, sunrise criteria include evidence of harm to public health and safety from unregulated practice; inadequacy of existing protections; lack of alternatives to occupational regulation to address the problems; demonstration that the public will benefit from regulation; evidence that practitioners function independently and are required to exercise professional judgment; and functional differentiation from other regulated occupational groups.

The more recently enacted sunrise laws also tend to mention economic impact of regulation more prominently than previously. For example, Hawaii's criteria, which apply to both sunrise and sunset review and were adopted in 1985, include:

> ". . .Professional and vocational regulation should be eliminated where its benefits to consumers are outweighed by its cost to taxpayers. . ."

Georgia's Occupational Regulation Review Law, passed in 1986, requires petitioning groups to provide information on:

> ". . .The expected cost of regulation:
> (A) The impact regulation might have on the costs of services to the public;
> (B) The impact regulation might have on various types of insurance; and
> (C) The initial and long-term cost to the state and to the general public of. . .the proposed legislation; . . ."

In most state sunrise programs, the actual review of proposals for regulation is assigned to a committee, council or commission. The review bodies may be ongoing, appointed bodies, e.g., Michigan's Health Occupations Council and Virginia's Council on Health Regulatory Boards; or ad hoc technical committees as in Nebraska's Credentialing Review Program. Sunrise programs housed in state legislatures may assign regulatory review to a special joint committee, or, as in Hawaii and New York, assign the review to staff analysts who report their finding directly to the appropriate committee of jurisdiction for the bill. Georgia is unique in establishing an interdepartmental commission to conduct sunrise reviews.

Review committees typically include occupational/professional representatives and public members. In some states, representatives of the petitioning occupational group may serve on the review committee; in others, they are excluded. Administratively-based sunrise programs often include a public hearing as a part of their procedures, and may also hold other fact-finding public meetings. Many programs require petitioning groups to complete an extensive questionnaire designed to produce information responsive to questions raised by the sunset review criteria. Minnesota was the first state to develop such a questionnaire, and it has been used as a model by a number of other states that have adapted it to their own statutory requirements.

Patterns of funding and staffing of sunrise activities vary across states, depending on the administrative locus of the program and the specifics of the authorizing legislation. Only Kansas and Minnesota reported having earmarked funding for the sunrise activity. In other states, the costs of the sunrise function are absorbed through the general budget of the agency or legislative committee. The volume and frequency of requests for new occupational regulation vary across states and over time. Typically, newly enacted programs are inundated with proposals for new regulation and demands on staff resources may run very high for the first couple of years. The variability in workload makes budgeting for sunrise a bit difficult. One response, used by Kansas, is to limit the number of proposals that will be reviewed each year.

Minnesota and Kansas charge groups seeking regulation a $1,000 filing fee, which certainly does not cover the costs of a sunrise review, but may discourage frivolous requests. Minnesota also requires groups whose requests have been denied by the reviewing bodies to wait two years before resubmitting an application.

III. Case Studies of Sunrise Activities in Colorado, Minnesota and Washington

The sunrise processes in effect in three of the 14 states are briefly summarized below. In Colorado, the responsibility for sunrise reviews is placed in a committee in the legislative branch. In Minnesota and Washington, this responsibility is assigned to an executive branch department. Table XII-2 provides a state-by-state summary of the outcomes or current status of sunrise reviews of health occupations during the period 1985-87.

COLORADO

Colorado, which was a pioneer in implementing a sunset program in the 1970s, enacted sunrise legislation in 1985 covering health and non-health occupations. The statute includes review criteria similar to those of other states as described earlier. Responsibility for sunrise review is placed in the legislature, assigned to a six-member Joint Sunrise and Sunset Review Committee appointed by the Speaker of the House and the President of the Senate. Staff work for sunrise and sunset reviews is performed by analysts in the Department of Regulatory Agencies. There is no earmarked funding for the sunrise process, but about two FTE professional staff are assigned to sunrise and sunset reviews.

Applications for new regulation must be submitted to the Department by January of each year, and public hearings are held by the Joint Committee in the fall. The Joint Committee makes its recommendations to the full legislature based on the Department's report and the testimony and other information gathered in the hearing process.

Four health-related occupations were reviewed in 1985: dietitian/nutritionist, marriage and family therapist, lay midwife, and professional counselor. For all but midwives, the Department recommended no occupational regulation and the Joint Committee concurred. The Department made no recommendation on lay midwives and the sunrise committee had a split vote on regulation. In 1986, the Department reviewed respiratory therapists, therapeutic recreation specialists, and acupuncture, recommending no regulation for the first two and licensure for acupuncture. The recreation specialist group withdrew its request before it was submitted to the Joint Committee. The Committee concurred with the recommendation on respiratory therapy and asked for more study on acupuncture.

Six requests for regulation have been filed in 1987, five of them health-related: athletic trainers, community living specialists, hearing aid dealers, occupational therapists and respiratory therapists (a second request).

In 1986, the legislature asked for a sunset review of social work and psychology with a view to folding all the other mental health groups into a single regulatory structure. The Department recommended registration for all nonregulated mental health therapists, but the Joint Committee recommended licensure for all. Also recommended was a single grievance and discipline board for licensees in psychology, social work, marriage and family counseling, and professional counseling. Legislation introduced in the 1987 session would create a combined board for marriage and family counselors and professional counselors and a separate board for social work and for psychology.

MINNESOTA

Minnesota's pioneering sunrise program, enacted in 1973, was defunded in 1981 and reinstated in 1984. It covers health and human service occupations and is administered by the state health department's occupational analysis section. The sunrise program has an earmarked budget, $125,000 for the fiscal year ending June 30, 1987. Applicant groups must complete an extensive questionnaire and pay a filing fee of $1,000. The application and supporting information are reviewed by staff and by a 13-member Human Services Occupations Advisory Council which usually appoints a smaller technical committee to do the actual review. A public forum for all interested parties is held as a part of the information gathering process.

Both the staff and the Council make recommendations to the health commissioner, who in turn makes a recommendation to the legislature if it is an issue which requires legislation. The Commissioner has the authority to establish a registration program, if that is the recommended action, without legislation. New categories of licensure require authorizing legislation.

When the Minnesota program was reinstated, the evaluation criteria were expanded to include economic impact of regulation. The questions to be answered in addressing economic impact are: (1) Will there be effective public access to the service after regulation? (2) What is the expected impact of the proposed regulation on the existing and potential supply of practitioners? (3) How will the supply of practitioners be affected? (4) What will be the impact on cost to consumers for the service? (5) How will the quality of care be affected? (6) Is third-party reimbursement a possible motivational factor?

Occupational reviews over the past two years have covered four related groupings: marriage and family therapists, professional counselors, social workers, and other mental health workers including psychotherapists. Early in 1985, the Council and department staff began to review requests for regulation from representatives of the first three groups. Later, the legislature created an Advisory Task Force on the Regulation of Psychotherapists to report on the need to regulate currently unregulated psychotherapists.

For the review of psychotherapy, a 16-member task force was appointed which considered, among other matters, the problem of overlapping scopes of practice among the various kinds of therapists. The task force concluded that there is harm to the public from the unregulated practice of mental health therapists. The potential for harm, based on the evidence presented by the various therapist groups themselves, appeared to arise "from profound moral and ethical failures on the part of some practitioners" rather than from a lack of training or educational preparation on the part of practitioners of psychotherapy. The Commissioner of Health concluded that the public could be protected from these harms by means other than licensure.

The Commissioner recommended registration (title protection) for social workers at the bachelor, master and clinical level, based on degrees from accredited social work programs. Likewise, she recommended registration for marriage and family therapists based on training and experience in that field. Her report stated that professional counseling currently lacks a common set of academic and experiential requirements and thus is not appropriate for registration.

In addition to registration for the two groups, a mandatory client protection system was proposed which would cover both registered and unregulated psychotherapists, excluding psychologists, psychiatrists and psychiatric nurses. The client protection system requires that a practitioner file credentials with the health department under penalty of perjury for providing false information, and agree to abide by a standard of ethical practice that includes posting of fees and providing clients with a legally enforceable bill of rights. A discipline system to protect mental health clients would be established under the proposal to: (1) investigate client complaints; (2) impose practice-related consequences including prohibition from practice; (3) collect information on incompetence or unethical behavior; and (4) obtain information from other states about disciplining of practitioners.

Although the Commissioner has authority to establish a registration program by administrative rule, she argued that the need to coordinate registration with the mandatory client protection system dictates that the registration mechanism also be the subject of legislation. The Mental Health Practitioner Act of 1987 has been introduced, although it is doubtful that it or other credentialing bills will pass this session. The bill has already been changed to license, rather than register, marriage and family therapists and social workers.

The Minnesota proposal is one of the more innovative and creative responses to the dilemmas of regulating a health care area as crowded with competing and overlapping disciplines and practice modalities as mental health therapies.

WASHINGTON

The Washington legislature, faced with 12 separate health occupations credentialing bills in 1983, amended the Regulation of Health Professions Act to establish criteria to be addressed by applicant groups seeking regulation. The following year, to improve and expedite the process, amendments to the legislation placed responsibility for initial review with the State Health Coordinating Council (SHCC). The SHCC is a 16-member body advisory to state government on health policy issues, with representatives of health professionals and a majority of consumer members.

The SHCC appointed a four-member Health Professional Review Committee (HPRC) to hold public hearings and prepare findings and recommendations on regulatory proposals. The HPRC in turn prepared guidelines, formally adopted by the SHCC in January 1985, covering conflict of interest, lobbying SHCC members, public access to SHCC records, burden of proof, and steps for the review process. During its first year, the HPRC held 11 meetings to conduct hearings on 15 bills referred for review. The SHCC recommended that five be enacted, seven not be enacted, two be enacted contingent on certain revisions, and took no position on one until the opposing parties could negotiate their differences. Eight reviews were for previously unregulated groups--counselors, dietitians, surgeon assistants, denturists, radiologic technologists, respiratory therapists, home care workers, and physical therapy assistants. Changes in scope or independence of practice were sought by naturopaths, optometrists, acupuncturists, dental hygienists, and physical therapists.

Although the sunrise process does not have an earmarked budget, the SHCC estimated that the direct costs for the first full year of operation were just over $35,000, and an annual average of .75 FTE professional staff was used. Costs of materials, duplicating and postage were not included in the estimate. The SHCC also estimated that if the value of member-donated professional time were included, it would at least double the real cost of the reviews.

The Washington sunrise program has been more successful than some others in gaining support for its recommendations in the legislature. In a number of instances, proposals that failed on their first review were later modified and gained acceptance both from the SHCC and the legislature. The principal staff to the sunrise program feels that the activity has been effective in: (a) improving the content of bills by incorporating SHCC recommendations; (b) disseminating analyses and information that would not otherwise have been considered in the abbreviated legislative process; (c) providing a consumer perspective at legislative hearings and, upon request, to legislators not on the health committee.

IV. Summary and Conclusions

An organized review process for occupational credentialing proposals is a relatively recent phenomenon in state government, spurred by the growing number of requests for new or expanded regulation. Legislators have been frustrated by lack of knowledge about the technical aspects of these proposals, particularly in the area of health care. The relatively brief exposure to issues afforded by the typical legislative hearing also left legislators heavily dependent upon the petitioning group for information. The programs developed by the 14 states that have chosen to institute a sunrise process have similarities in their statutory bases, and in some processes, but they also vary widely, as this overview has documented.

All of the states have statutory criteria against which credentialing proposals must be evaluated. These may be as few as three and as numerous as ten. States have borrowed liberally from the criteria developed by other states, particularly those of Washington and Kansas. Minimally the criteria agree on the need to show some harm from a lack of regulation and to demonstrate that credentialing is the only way to address the public's need to be protected. There is an increasing tendency to include language about economic effects of regulation, in terms of cost-benefit or cost effectiveness analysis. Minnesota, which added this criterion when the sunrise program was reinstituted in 1984, has gone further than other states in explicating in statute and in rules the nature of the cost effectiveness and economic impact analyses that should be undertaken. It is particularly interesting that Minnesota does not regard the costs of operating the regulatory program as relevant to this criterion, since these costs can be recouped from licensing fees.

A number of state statutes include language to the effect that freedom to enter or practice a trade or profession is a right that should be abrogated only where the public's interest will be served by restricting entry. Whether such language has a dampening effect on the likelihood of enacting new credentialing programs is a question for further study. Similarly, some state statutes spell out levels of regulation and express a legislative intent that the least restrictive mode should be used. Further study is needed to determine whether such language has an effect on decision makers.

Some differences among states in the operation of their sunrise programs may be the result of differences in administrative locus. In the five states where sunrise is strictly a legislative responsibility, as a rule, the reviews seem to be somewhat more abbreviated than those conducted by administrative agencies. Colorado is an exception, but there the Department of Regulatory Affairs plays a major role in preparing analyses for the joint legislative sunrise/sunset committee.

The depth and extensiveness of sunrise reviews is also a function of staffing and funding resources. Few programs have earmarked funding; typically, costs are embedded in the budget of a more generalized function. Continuity of funding has been a problem in some states. In agencies supported directly by licensing fees outside of the general state appropriations process, the acceptability to licensees of this use of their fees remains an unasked (and unanswered) question. Advocates of the sunrise process are convinced that the payoffs are great in terms of fewer licensing monopolies being created and improved quality of the legislation that is enacted. Nevertheless, the cost-benefit calculus of the sunrise process itself remains to be done. If the results are as positive as the advocates believe, impediments to funding and staffing the process should be more easily overcome.

One of the interesting findings of our informal survey of state sunrise activities is that states with identical or nearly identical criteria for regulation arrive at different conclusions about the same occupation. This anomaly is even more evident in those states, e.g. Kansas and Nebraska, which have a two- or three-tier review process. Different recommendations emerge when identical criteria are used to evaluate the same body of information and testimony. The reasons for such differing results cannot be explored in this report. More research on the actual decision-making process is needed.

Two important trends are evident in the activities of the more active sunrise programs. There is a growing tendency to look at families of health occupations--e.g. mental health therapies, physical/social/rehabilitative occupations--and to seek some unified approach to issues of quality control in their practice. Concurrently, and often in conjunction with this more generic approach, a number of innovative approaches and variations on traditional occupational regulation have emerged. Examples include Minnesota's proposals for a client protection system covering mental health practitioners; Virginia's recommendations for combining regulation of X-ray personnel with the program overseeing equipment and their current review of 11 rehabilitative occupations; and Michigan's proposal for a clustered approach to regulating allied health occupations.

It is reasonable to expect that the level of sunrise activity across the states will increase in the years ahead. Two states--North Carolina and South Carolina--have sunrise bills pending in the 1987 session which are expected to pass. Other states that have had legislation introduced previously may also adopt sunrise. It is important to continue to monitor these developments and to share and exchange information among the states about the process and outcomes of this important governmental innovation.

TABLE XII-1

STATES WITH OCCUPATIONAL REVIEW PROGRAMS (SUNRISE) IN EFFECT IN 1987

STATE	YEAR ENACTED	COVERAGE	ADMINISTRATIVE LOCUS			
			Legislature	Executive Agency		
				Regul.	Health	Other
ARIZONA	1985	H	x			
COLORADO	1985	A	x			
GEORGIA	1986	A				x
HAWAII	1984	A	x			
KANSAS	1980	H			x	
MAINE	1986	A	x			
MICHIGAN	1978(a) 1980	A		x		
MINNESOTA	1973(b)	H			x	
NEBRASKA	1985	H			x	
NEW YORK	1979	A	x			
TENNESSEE	1977(c)	A	x			
VERMONT	1986	A	x			
VIRGINIA	1983	H		x		
WASHINGTON	1982	H			x	

Key:

A = Sunrise for all occupations
H = Sunrise for health occupations only

a Sunrise authority for health occupations enacted in 1978, for others in 1980
b Program was discontinued in 1981 and reinstated in 1984
c Date of enactment; sunrise was not activated in any organized way until 1984

TABLE XII-2 Page 1 of 6

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
ARIZONA	Behavioral Health Professions		No regulation
	Dietitian/ Nutritionist		Licensure bill died in committee
	Optometrist		Expanded scope of practice rejected
	Respiratory Therapist		No regulation
COLORADO	Acupuncturist	Licensure	More study
	Dietitian/ Nutritionist	No regulation	None
	Lay Midwife	No recommendation (split vote)	
	Marriage/Family Counselor	Registration	Legislation pending
	Professional Counselor	Registration	Legislation pending
	Respiratory Therapist	No regulation	None
	Therapeutic Recreation Specialist	No regulation	None
GEORGIA	Radiologic Technologist	Under review	
	Voice Stress Examiner	Under review	
HAWAII	Social Worker	No regulation	None
	Respiratory Therapist	No regulation	None
	Acupuncturist	Licensure	Licensure

TABLE XII-2

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
HAWAII (Cont'd.)	Home Health Aide	No regulation	None
	Polygraph Examiner	No regulation	None
KANSAS[1]	Athletic Trainer	Pending	
	Clinical Lab Personnel	Pending	
	Dietitian	Licensure (C)(S2) Registration (S1)	Licensure bill pending
	Marriage/Family Counselor	Pending	
	Occupational Therapist and O.T. Assistant	Licensure (C)(S1)	Registration
	Optician	Pending	
	Professional Counselor	Licensure (C)(S2) Registration (S1)	Registration
	Psychologist (master's level)	Registration (C)(S)	Registration
	Respiratory Therapist	No regulation (C) Licensure (S2)	Registration
	Speech-Language Pathologist and Audiologist	Pending	
MICHIGAN	Dietitian/ Nutritionist	Under review	
MINNESOTA	Marriage/Family Counselor and Social Worker	Registration (title protection) plus client protection system	Bill introduced, registration changed to licensure
	Professional Counselor	Client protection system	Bill introduced

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
MINNESOTA (Cont'd.)	Other Psychotherapists	Client protection system	Bill introduced
NEBRASKA[2]	Athletic Trainer	Licensure (C) Registration (D)	Licensure
	Dental Assistant	Registration (C) No regulation (D)	Registration
	Dietitian/ Nutritionist	No credentialing (C)(B)(D); (also considered in 1985)	Bill pending to certify at master's level and register at B.S. level
	Medical Technologists	No regulation (C) License technologists in unlicensed labs (B) Develop regulations for unlicensed labs (B)(D)	Bill pending to regulate unlicensed labs, e.g. in physicians' offices
	Naturopathic Physician	No credentialing (C)(B)(D)	No credentialing
	Ophthalmic Dispensers	Licensure (C) No credentialing (D)	No credentialing
	Professional Counselors	Certification (C) No credentialing (D)	Certification at master's level, registration for all others
	Respiratory Therapist	Licensure (C)(D)	Licensure
	Social Worker -clinical & master's level	Certification (C)(D)	Certification
	-bachelor's	Registration (C)(D)	Registration
	X-ray Technologist	Licensure (C) No regulation (B)(D) Strengthen existing regulation of equipment (D)	Bill pending to strengthen Radiation Control Act

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
NEW YORK	Dietitian/ Nutritionist	No regulation	None
TENNESSEE	Electrologist	Licensure	Licensure
	Dietitian/ Nutritionist	Under review	
	Physician Assistant	Licensure	Licensure
	Respiratory Therapist	Licensure	Bill defeated
VERMONT	Mental Health Counselor	(3)	Registration bill pending
VIRGINIA	Athletic Trainer	No regulation	None
	Dietitian/ Nutritionist	No regulation	None
	Corrective Therapist	Under review	N/A
	Occupational Therapist	No regulation	None
	Respiratory Therapist	Registration	Registration
	Sanitarian	Registration for supervisory level	
	X-ray Techn.	Registration of operators by DOH	Under consideration
WASHINGTON	Acupuncturist	Certification with independent practice	Certification with independent practice
	Athletic Trainer	No regulation	None yet

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
WASHINGTON (Cont'd.)	Dental Hygienist	Independent practice for B.S. level; no change for associate degree	Bill pending
	Denturist	Certification	Bill pending (Licensure bill defeated in 1985)
	Dietitian/ Nutritionist	Certification (Licensure rejected in 1985)	Bill pending (Licensure bill defeated in 1985)
	Home Care Worker	No credentialing	Bill to license agencies introduced
	Marriage & Family Counselor, Mental Health Counselor, Social Worker	Certification for M&F counselors, MH counselors, social workers; registration for all others who charge for counseling	Certification/registration bill pending
	Naturopath	Allow venipuncture	Enacted
	Optometrist	No recommendation on use of therapeutic drugs	Bill died in committee
	Physical Therapist	Remove requirement for referral from licensed practitioner	Bill died in committee
	Physical Therapy Assistant	No regulation	Licensure bill died in committee
	Radiologic Technologist	Certification	Certification bill pending
	Respiratory Therapist	Certification	Passage of certification bill expected; requires hospitals, etc. to hire only certified workers

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
WASHINGTON (Cont'd.)	Surgeon Assistants	No regulation	Bill pending to mandate benefits to SAs certified by national organization or state

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1. Kansas has a two-tier sunrise process; a technical committee (C) makes recommendations to the Secretary of Health (S), who in turn makes a recommendation to the legislature. There was a change of secretaries in 1986, and the recommendations of the prior secretary (S1) were in some instances changed by the successor secretary (S2).
2. Nebraska also had a two-tier review process before 1987, consisting of a technical committee (C) and the director of the health department (D). A third review level has been added between the committee and the director, consisting of the state board of health (B).
3. No actual sunrise review was conducted in this instance.

APPENDIX A

QUESTIONS LEGISLATORS SHOULD ASK

WHAT IS THE PROBLEM?

- Has the public been harmed because the occupational group has not been regulated?

- To what extent has the public's health, safety, or economic well-being been harmed?

- Can the claims of proponents of regulation be documented?

WHY SHOULD THE OCCUPATIONAL GROUP BE REGULATED?

- Who are the users of services?

    - Are they members of the general public who lack knowledge necessary to evaluate qualifications of those offering services?

    - Are they institutions or qualified professionals who have the knowledge to evaluate qualifications?

- What is the extent of autonomy of practitioners?

    - Is there a high degree of independent judgment required of practitioners?

    - How much skill and experience are required in making these judgments?

    - Do practitioners customarily work on their own or under supervision?

    NOTE: There is little justification for licensure if practitioners work under supervision. If regulation is needed, it should be the supervisor who is regulated.

WHAT EFFORTS HAVE BEEN MADE TO ADDRESS THE PROBLEMS?

- Has the occupational group established a code of ethics?

    - To what extent has it been accepted and enforced?

- Has the occupational group established complaint-handling procedures for resolving disputes between practitioners and the public?

    - How effective has this been?

- Has a nongovernmental certification program been established to assist the public in identifying qualified practitioners?

- Could the use of applicable laws or existing standards solve problems?
  - Use of unfair and deceptive trade practices laws.
  - Use of civil laws such as injunctions, cease and desist orders, etc.
  - Use of criminal laws such as prohibitions against cheating, false pretenses, deceptive advertising, etc.
  - Use of existing standards such as construction codes, product safety standards, etc.
- Would strengthening existing laws or standards help to deal with the problem?

HAVE ALTERNATIVES TO LICENSURE BEEN CONSIDERED?

- Use of an existing agency under legislative control.
- Regulation of business employer rather than individual practitioner; e.g., licensing restaurants rather than cooks or waiters/waitresses.
- Registration of practitioners coupled with minimum standards set by state agency.
- Certification of practitioners, thereby restricting use of title to those who have demonstrated competence. Occupational group, however, would not have control of field of practice.
- Why would use of the above be inadequate to protect the public interest?
  - Why would licensing be more effective?

WILL THE PUBLIC BENEFIT FROM REGULATION OF THE OCCUPATION?

- How will regulation help the public identify qualified practitioners?
- How will regulation assure that practitioners are competent?
  - What standards are proposed for granting credentials?
  - Are all standards job related?
  - How do these standards compare with those of other states?
  - If standards differ from those of other states, can the difference be justified?

  - Are there training and experience requirements?
    - Are these requirements of excessive duration when compared with other states? Why?
    - Does training include supervised field experience? If so, is an additional experience requirement justified?
  - Are there restrictions on where or how experience may be acquired? Why?
  - Will alternative routes of entry be recognized?
    - Will applicants who have not gone through prescribed training/ experience be eligible for licensure or certification?
    - Will licensure or certification in another state automatically allow an individual to be credentialed in this state?
  - Will applicants for licensure or certification be required to pass an examination?
    - Does an examination already exist?
    - Does it meet professional and legal testing standards?
    - If no test exists, who will develop it and how will development costs be met?
  - Is there a "grandfather" clause in licensure?
    - Why is it necessary?
    - Will such practitioners be required to take a test at a later date?
- What assurance will the public have that the individuals credentialed by the state have maintained their competence?
  - Will the license or certificate carry an expiration date?
  - Will renewal be based solely on payment of fee?
  - Will renewal require periodic examination, peer review, evidence of continuing education or other procedures for continued competence?
- How will complaints of the public against practitioners be handled?
  - Will there be a method for receiving complaints?
  - Will there be an effective procedure for disciplining incompetent or unethical practitioners?
  - What grounds will there be for suspension or revocation of credentials?

- Is it feasible to establish a restitution fund so that the public will be able to recover money lost through actions of unscrupulous practitioners?

WILL REGULATION BE HARMFUL TO THE PUBLIC?

- Will competition be restricted by occupational group; e.g., prohibiting price advertising?
- Will the occupational group control the supply of practitioners?
    - By standards more restrictive than necessary?
    - By restricting entry of those from other states who have substantially similar qualifications?
- Will regulation prevent optimum utilization of personnel?
    - Will "scope of practice" prevent individuals from other occupational groups from providing services for which they are qualified by training and experience?
- Will regulation increase costs of goods and services to consumers?
- Will regulation decrease availability of practitioners?
- Are there safeguards in law to ensure that the occupational group does not use its powers to promote self-interest over those of the public?

HOW WILL THE REGULATORY ACTIVITY BE ADMINISTERED?

- Will the regulatory entity be composed only of members of the occupation?
    - Will there be public members on the regulatory entity? In what percentage?
- What powers will the regulatory entity have?
    - Will it review qualifications, examinations, investigations, and disciplining of practitioners?
    - Will it promulgate rules and codes of conduct?
- Will actions of the regulatory entity be subject to review?
    - By whom?
    - Will the reviewing authority have power to override actions of the regulatory entity? Which ones?
- How will the cost of administering the regulatory entity be financed?
    - How will fees be set?

  - Will income from fees go into a general fund, departmental fund, or special account controlled by the regulatory entity?

WHO IS SPONSORING THE REGULATORY PROGRAM?

- Are members of the public sponsoring the regulatory program?

- What associations, organizations, or other groups in the state represent practitioners?

  - Approximately how many practitioners belong to each group?

  - What are the different levels of practice in each group?

- Which of the above groups are actively involved in sponsoring regulatory programs?

  - Are other groups supporting the effort? If not, why?

WHY IS REGULATION BEING SOUGHT?

- Is the occupational group seeking to enhance its status by having its own regulatory law?

- Is the occupational group claiming it is prevented from rendering services for which its members are qualified by "scope of practice" statement of another occupation?

  - If so, what efforts have been made to resolve differences?

- Is the occupational group seeking licensure in order to gain reimbursement under federal-state programs or private insurers; e.g., Medicare or Blue Cross?

- Is the public seeking greater accountability of the occupational group?

Source: Occupational Licensing: Questions a Legislator Should Ask; Benjamin Shimberg and Doug Roederer, The Council of State Governments, 1978.

CHAPTER XIII

TEN YEARS OF SUNSET: A SURVEY OF STATES' EXPERIENCES

TEN YEARS OF SUNSET

A SUNSET SUMMARY

Sunset legislation had its birth in the State of Colorado in 1976, and quickly caught the fancy of legislatures throughout the country. By the end of the decade, it had spread to more than 30 states and was highly touted as a significant new instrument of legislative oversight.

Its premise was a simple one. Certain state agencies would be scheduled for termination each year and would be subjected to an audit or program performance review to determine whether or not they should be continued or modified.

Its most popular and distinguishing feature, on which its name "sunset" was based, was its automatic termination feature. Agencies not specifically reauthorized by statute or resolution before the scheduled "sunset" deadline would simply cease to exist.

Sunset was the product of at least three streams of legislative reform activity of the 1970s:

-- The strengthening of legislative oversight capabilities, including the expansion of professional legislative research staffs, and the development of administrative procedures acts;

-- The increasing interest among some states in the reorganization of the executive branch of government;

-- Increasing interest at the state and federal level in the "deregulation" of businesses and professions by government.

Because sunset is essentially an exercise in legislative review, it fit comfortably in those states which were already moving to strengthen the hand of standing committees, budget builders, and other legislative parties concerned about the growing executive branch of government.

Because of its "sudden death" feature, it also suited those legislators who saw governmental reorganization as a means of slowing governmental growth and imposing stronger top-down controls.

Often overlooked, in fact, was its "deregulation" feature. The original Colorado statute--used as a model by many subsequent sunset states--was, essentially, a deregulation instrument. It dealt only with regulated professions and businesses, and did not provide much ammunition for those who wished either to control governmental growth or reorganize the executive branch.

It was thus under several banners that sunset was launched, a favorite of many diverse legislative interests, and from the outset something of a victim of exaggerated expectations and misunderstandings.

Unfortunately, disenchantment over sunset was not long setting in. Sunset set off enormous and swift reaction from regulated professions, and unleashed a wave of lobbyists who descended forcefully on state legislatures. Under such battle cries as "If it ain't broke don't fix it," anti-sunset forces effectively neutralized early efforts to terminate agencies and deregulate professions.

In some states complaints were voiced about high costs of sunset reviews compared to relatively low agency termination or reorganization. Others complained that the political payouts were hardly worth the headaches and hazards incurred in trying to terminate an agency or regulatory process.

In short, the sunset ballyhoo was short-lived. By 1981, one statute was repealed, and shortly thereafter, three other states repealed theirs or let them lapse into disuse.

Other states, however, maintained the process, often with a lowered profile and a lowered level of expectation. Many of them have modified their statutes to address other goals or purposes, and to extend the length of the review cycle in an effort to lower the cost of the reviews. Some states have continued with their original statutes into second cycles of sunset reviews.

No states have adopted sunset statutes since 1981. Three states have statutorily repealed their sunset laws, and 16 others have amended their statutes, some as many as four or five times.

There have been "sunset" spinoffs, as well, notably the "sunrise" process now established in some states by which new regulatory proposals are subjected to a prior review process before receiving legislative attention.

Sunset moves into its second decade without the fanfare with which it was born. This report documents certain characteristics of the sunset experience and provides a limited analysis of its current status.

This survey finds that sunset has had marginal success in terminating agencies, and for the most part, those terminations have come among relatively small agencies. A quick perusal of the agencies terminated section on the following pages reveals that of the agencies terminated under sunset, very few were health boards or commissions. In fact, several states that terminated agencies did so only to nonhealth-related boards or commissions. (See "Agencies Terminated," Arkansas, Colorado, Connecticut, Maryland, Nebraska, New Hampshire, Rhode Island, South Carolina, Texas, Utah and West Virginia, for specific information regarding health-related boards terminated under sunset.

Most of the documented results of sunset have come in the form of modifications to existing agencies. Those modifications, as identified in the "Outcomes" section of the report, focus largely in the areas of public access issues such as (1) citizen members of licensing boards, (2) improved complaint handling and enforcement procedures, (3) better reporting and record-keeping procedures, (4) more open examination procedures, and (5) easier mobility for professionals through improved reciprocity agreements.

Of the 28 states which responded to the Reorganization Commission survey, 24 report their statutes are still on the books, and most of them continue to carry out sunset procedures. Those states which did not respond to the survey are Alabama, California, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Virginia and Wisconsin.

Compared to some of the early expectations, the results have been modest. In a newer role, however, a number of states believe sunset may have become a regular part of their legislative oversight and review process.

AGENCIES TERMINATED

Alaska

Welding Board; Collection Agency Board. Several have been combined into one board.

Arkansas

1983: Capitol Art Commission; Emergency Services Advisory Council; Surveying Commission; Arkansas Illiteracy Commission; Arkansas Advisory Council on Public & Secondary Education; Arkansas Council on Children and Youth; Library Board; Department of Social Services; Office of Local and Regional Services, Department of Local Services.

1981: Arkansas Science and Technology Council; Information Practices Board; War Decoration Commission; Board of Healing Arts; Arkansas Retirement Systems Study Committee; Special Committee on County Government; Municipal Corporation Board; Health Planning Program, Office of the Governor; Information Systems Executive Committee; Library Building Commission; Arkansas Fire Protection Personnel Standards and Education Commission; Pupil Discipline in Public Schools Commission.

1979: Advisory Hospital Council; Arkansas Bikeways Commission; White River Navigation Commission; Tax Revision Commission; Office of Planning; State Capital Grounds Commission; Governor's Mansion Advisory Council.

Arizona

Ethics Board; Arizona Criminal Intelligence Systems Agency; Purchasing Review Board; Collection Agency Advisory Committee; Economic Planning & Development Board; Contractors Recovery Fund Board; Tax Advisory Board.

Colorado

Abstractors Board; Athletic Commission; Basic Science Board; Collection Agency Board; Hearing Aid Dealers; Hospital Board; Landscape Architects; Mortuary Science; Physical Therapy; Life Care Institutions; Shorthand Reporters; Sanitarians; Commission on Women. (Nursing and Practical Nursing were merged, and Barbers and Cosmetologists were merged.)

Connecticut

Board of Licensure for Nursing Home Administrators; Regulation of Bedding; Upholstered Furniture and Second Hand Hats; Board of Registration for Sanitarians; Board of Subsurface Sewage Disposal System Examiners; Advisory Committee on Organized Crime Prevention and Control; Connecticut Justice Commission; Board of Materials Review; Commission on Demolition; Council on Water Company Lands; Council of Economic Advisors; Regulation of Massage Parlors, Masseurs and Masseuses; Advisory Committee on High Unemployment Areas; Capitol Center Commission; American Revolution Bicentennial.

Delaware

State Athletic Commission, Delaware Energy Office. Some agencies have been consolidated; for example, the Delaware Bingo Commission with the Gaming Control Commission.

Georgia

Board of Registered Professional Sanitarians; Board of Soil Classifiers.

Hawaii

Abstract makers, escort agencies, photography, degree granting institutions, rental agencies, and collection agencies. (Boards for cemeteries and mortuaries and pilotage were sunsetted, but regulation continued.)

Kansas

Athletic Commission; Mobile Home and Recreational Vehicle Commission; (Board of Social Work Examiners and Board of Examiners of Psychologists combined into one board.) Council of Advisors on Consumer Credit, Office of Director of Kansas Energy Office; Energy Advisory Council.

Maryland

Maryland State Board of Censors; Board of Osteopathic Examiners; Board of Examiners of Moving Pictures; Bank Regulations Board; Machine Operators; Mine Examining Board; State Board of Electrical Examiners.

Mississippi

1983: Board of Embalming.

1982: State Advisory Committee on Voluntary Family Planning; Water Resources Council.

1980: Governor's Committee for the Arts, Executive Mansion Fine Arts Commission.

Nebraska

Commission on Fire Fighting Personnel (made advisory to State Board of Vocational Education); Board of Examiners on Osteopathy (merged with Board of Examiners for Morticians); Nebraska Collection Agency Board (made advisory to the Secretary of State).

New Hampshire

Coordinator of Federal Funds; State Oceanographic Foundation; Fruit Marketing Commission; Alarm Installers Board (still regulated but board was terminated); Arborists Board; Foresters Board; Board of Pastoral Counselors (board was terminated but combined with psychologists and social workers); Health and Welfare Advisory Commission; Board of Rehabilitation Counselors;

Crime Commission; Advisory Board for Technical Health Services; Saco River Watershed Commission; Maine/New Hampshire Commission on Oceanography.

(Agency functions transferred: Legislative Utility Consumers Council; Board of Barbering (combined with cosmetologists); Board of Land Surveyors; Probation Board; Parole Department; Racing Commission; Division of Post Secondary Education; Office of State Negotiator.)

Oregon

Board of Watchmakers; Board of Auctioneers; Board of Landscape (repealed in 1979, reenacted in 1981); Regulation of Guides and Packers; Collection Agencies Board (board sunsetted, registration system enacted).

Pennsylvania

Savings Association Board; The Hazardous Substance Transportation Board (replaced by an advisory committee); Commission on Charitable Organizations (replaced by an advisory committee).

Rhode Island

Advisory Board of Aeronautics; Auditorium Commission; Committee on Children and Youth; Advisory Commission on Correctional Services; Eastern States Exposition Commission of Rhode Island; Emergency Milk Control Board; Council on Environmental Quality; Council on Highway Safety; State Board on Intrastate Aircraft Transportation; Advisory Council to the Director of the Department of Mental Health, Retardation and Hospitals; Commission on Medical Education; Interstate Compact on Mental Health; Milk Sanitation Board; Nursing Home Coordinating Council; Passenger Tramway Board.

South Carolina

1986: (The State Senate voted to abolish the State Dairy Commission two years after sunset review called for its termination.)

1985: Masseurs and Masseuses program within the State Law Enforcement Division.

Texas

Battleship Texas Commission; Board of County and District Road Indebtedness; Texas Navy, Inc.; Pesticide Advisory Committee; Pink Bollworm Commission; Texas Private Employment Agency Regulatory Board; Stonewall Jackson Memorial Board; Vehicle Equipment Safety Commission; Board of Tuberculosis Nurse Examiners; Board of Examiners in Social Psychotherapy; Texas Commission in Interstate Cooperation; Texas History Resources Development Council; Texas Energy and Natural Resources Advisory Council; Office of State Forester; Occupational Safety Board; Texas Coordinating Commission for Health and Welfare Services; Texas Health Facilities Commission; Prosecutor Council; Texas Coastal and Marine Council. (Agency functions transferred: Burial Association Rate Board; Civil Air Patrol; Board of Library Examiners; Nimitz Memorial Naval Museum Commission.)

Utah

Board of Prophylactics; Basic Science Law; Manicurists; Naturopaths; Board of Pharmacy; Money Order Vendors; Debt Management Businesses; Sprinklers and Irrigation Fitters; Landscape Architects; Electronic Repair Dealers; Water Conditioner Installers; Securities and Transfer Agents; Take Over Offers for Equity Securities; Council on Community Affairs.

West Virginia

Motor Vehicles License Certificate Appeals Board; Child Welfare Licensing Board; Judicial Council of West Virginia; Ohio River Basin State Commission on Manpower; Training and Technology; Economic Opportunity Advisory Commission; Community Development Authority Board; West Virginia Alcoholic Beverage Control Licensing Advisory Board; Beautification Commission; Health Resources Advisory Council; Rabies Control Program; Work Incentive Program.

Wyoming

Governor's Office of Highway Safety; Governor's Council on Children and Youth; Boxing Commissioner; Weather Modification Board.

OVERVIEW OF SUNSET PROGRAMS

Sunset programs have been adopted for licensing boards and agencies in states with differing licensing structures. As Table XIII-1 reveals, 12 autonomous licensing board states have sunset programs and nine states with centralized licensing agencies have programs in place. The administrative structure under which the state operates has no apparent effect on the utilization of sunset programs.

As Table XIII-1 indicates, all states that report sunset reviews also report that regulatory agencies were reviewed. A look at the table shows that a very low percentage of agencies reviewed were actually terminated. See Table XIII-1 for complete details on the number of agencies reviewed and terminated.

Tables XIII-2A and XIII-2B provide readers with specific and detailed information on the outcome of sunset review across the states, including public members added to boards as a result of sunset, exam requirements changed, changes in the scope of practice, complaint handling, and others.

SUNSET LEGISLATION AND ITS MODIFICATIONS

Most sunset statutes were enacted during a five-year period between 1976 and 1980. Colorado is recognized as being first, and of those who responded to the survey, Pennsylvania is the most recent (1981).

Of the 28 states participating in the survey, eight states reported that sunset review activity had ceased, either through specific repeal of the statute or through other mechanisms which have had the effect of suspending review activity.

North Carolina was the first to repeal (1981) after four years of sunset reviews; subsequent agency reviews were authorized in that state through 1983.

Sunset statutes in Mississippi and Nebraska had self-terminating provisions in the original statutes, calling for automatic repeal after the first cycle of agency reviews. The Mississippi statute died in 1984, and Nebraska's came a year later.

Five other states, Arkansas, Nevada, South Dakota, Maryland and Connecticut, have ceased, at least temporarily, sunset reviews. The Arkansas statute was designed to function only six years in the absence of further authorization and although the statute has not been specifically repealed, its functions have lapsed. The Nevada statute is still on the books, but no agencies have been identified by the legislature for review since 1979.

South Dakota's last sunset review took place in 1979, and Maryland and Connecticut have placed a moratorium on further sunset reviews until 1989 and 1990, respectively.

Of the remaining 20 states that responded that their sunset procedures were still in operation, all but six (Alaska, Delaware, Maine, Rhode Island, South Carolina and West Virginia) reported that their statutes had been modified since original enactment. Most of those modifications were in the nature of routine extension, technical amendments, alteration of the agency review list or sequence, or extension of the review period.

TABLE XIII-1

OVERVIEW OF SUNSET PROGRAMS

	TYPE OF LICENSING AGENCY	TYPE OF AGENCY REVIEWED	NUMBER OF AGENCIES REVIEWED	NUMBER OF AGENCIES TERMINATED	REGULATORY AGENCIES TERMINATED	FUNCTIONAL AGENCIES TERMINATED	REAUTHORIZATION PERIOD
ALASKA	C	R/L	64	2	2	0	4
ARIZONA	B	R/L, F.A.	46	8	0	7	10
ARKANSAS	A	All	291	28	4	24	I
COLORADO	C	R/L	40	13	11	2	10
CONNECTICUT	C	R/L, F.A.	94	15	7	7	5
DELAWARE	---	R/L, F.A.	50	2	1	1	5
GEORGIA	A	R/L	44	2	2	0	6
HAWAII	C	R/L	55	8	8	0	6
KANSAS	---	R/L, F.A.	43	7	2	3	8
MAINE	C	All	70	0	0	0	10
MARYLAND	C	R/L, Other	67	6	6	0	10
MISSISSIPPI	A	---	50	5	1	4	---
NEBRASKA	A	R/L, F.A.	37	3	3	0	I
NEVADA	A	---	3	0	0	0	I
NEW HAMPSHIRE	A	All	143	20	8	13	6
NORTH CAROLINA	---	---	0	0	0	0	---
OREGON	A	R/L	47	5	5	0	8
PENNSYLVANIA	C	R/L, F.A., Other	49	3	2	1	10
RHODE ISLAND	A	R/L	96	17	4	11	I
SOUTH CAROLINA	A	R/L	43	2	2	0	6
SOUTH DAKOTA	B	R/L, F.A.	5	0	0	0	---
TENNESSEE	B	R/L	200	40	0	0	8
TEXAS	A	R/L, F.A.	118	23	7	16	12
UTAH	C	R/L, F.A.	80	14	11	3	10
VERMONT	C	R/L	14	0	0	0	I
WASHINGTON	B	R/L, F.A.	77	29	7	18	S/I
WEST VIRGINIA	A	R/L, F.A.	53	12	0	12	---
WYOMING	A	R/L, F.A.	21	4	2	2	I

KEY:

TYPE OF LICENSING AGENCY:

A	Autonomous licensing agencies
B	Both autonomous licensing agencies and consolidated licensing agencies
C	Consolidated licensing agencies

TYPE OF AGENCY REVIEWED:

R/L	Regulatory/licensing agencies
F.A.	Functional agencies
Other	Advisory council, special purpose entities

REAUTHORIZATION PERIOD:

I	Indefinite
S/I	Specific/indefinite

TABLE XIII-2A

OUTCOME OF SUNSET REVIEW

	AGENCIES REVIEWED SINCE BEGINNING	NUMBER OF AGENCIES TERMINATED	AGENCIES MODIFIED UNDER "SUNSET"	HOW MANY MODIFIED	PUBLIC MEMBERS ADDED TO BOARDS	HOW MANY AGNC.	EXAM REQUI- SITES CHANGED	HOW MANY AGNC.	BOARDS ALLOWED TO SET FEES	HOW MANY AGNC.	MISC. ADMIN. CHANGES	HOW MANY AGNC.	DISCIP. & INVESTI. FUNCTIONS INCREASED	HOW MANY AGNC.
AK	64	2	Yes	All	Yes	—	Yes	—	Yes	—	—	—	No	—
AR	291	28	No	—	No	—	No	—	No	—	No	—	No	—
AZ	46	8	No	—	Yes	1	Yes	1	Yes	—	—	—	Yes	—
CO	40	13	Yes	25+	Yes	25+	Yes	—	No	—	Yes	—	Yes	All
CT	94	15	Yes	—	No	—	Yes	—	No	—	Yes	—	Yes	35
DE	50	2	Yes	45+	Yes	20	Yes	8	Yes	15	Yes	20	Yes	10
GA	44	2	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—
HI	55	8	Yes	5	No	—	Yes	—	No	—	Yes	—	Yes	—
KS	43	7	Yes	2	Yes	1	No	—	No	—	Yes	2	No	—
MD	67	6	Yes	28	Yes	2	Yes	3	No	—	Yes	8	Yes	5
ME	70	—	Yes	Most	Yes	1	Yes	1	—	—	Yes	—	—	—
MS	50	50	Yes	25	No	—	Yes	4	Yes	2	Yes	14	Yes	9
NC	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NH	143	20	Yes	99	Yes	19	No	—	Yes	19	Yes	19	No	—
NE	37	3	Yes	31	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—
NV	3	—	Yes	1	No	—	Yes	1	No	—	Yes	2	No	—
OR	47	5	Yes	—	Yes	11	Yes	—	Yes	—	Yes	—	Yes	—
PA	49	3	Yes	Most	Yes	—	—	—	Yes	—	Yes	—	Yes	—
RI	96	17	Yes	21	—	—	—	—	—	—	—	—	—	—
SC	43	2	Yes	43	Yes	24	Yes	20	Yes	20	Yes	18	Yes	14
SD	5	—	—	—	—	—	—	—	—	—	—	—	—	—
TN	200	40	Yes	50%	—	—	—	—	—	—	—	—	—	—
TX	118	23	Yes	95	Yes	41	Yes	6	Yes	35	Yes	N/A	Yes	16
UT	80	14	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—
VT	14	—	Yes	14	Yes	10	Yes	3	Yes	13	Yes	1	Yes	13
WV	53	12	Yes	4	No	—	No	—	No	—	No	—	No	—
WA	77	29	Yes	—	Yes	2	Yes	5	Yes	3	Yes	24	Yes	Most
WY	21	4	Yes	—	Yes	—	No	—	Yes	—	Yes	—	—	—

TABLE XIII-2B

OUTCOME OF SUNSET REVIEW

	EXAMS MADE STANDARD	HOW MANY AGNC.	SCOPE OF PRACTICE CHANGED	HOW MANY AGNC.	RECI-PROCITY IMPROVED	HOW MANY AGNC.	COMPLAINT HANDLING IMPROVED	HOW MANY AGNC.	RESTRICT. EASED ON COMPETI.	HOW MANY AGNC.	CONT. EDUC. REQUISITES INCREASED	HOW MANY AGNC.	ETHICAL ISSUES CLARIFIED	HOW MANY AGNC.	OTHER MODIFI-CATIONS
AK	Yes	---	Yes	---	---	---	---	---	---	---	Yes	---	---	---	---
AR	No	---	No	---	No	---	No	---	No	---	No	---	No	---	No
AZ	No	---	Yes	1	Yes	1	Yes	---	Yes	2	No	---	No	---	---
CO	Yes	---	Yes	---	Yes	5+	---	---	Yes	20+	No	---	Yes	4	Yes
CT	Yes	---	No	---	Yes	26	Yes	35	Yes	23	No	---	No	---	---
DE	Yes	20	Yes	5	Yes	10	Yes	20	Yes	5	Yes	20	No	---	Yes
GA	Yes	---	Yes	---	Yes	---	Yes	---	Yes	---	Yes	---	Yes	---	---
HI	Yes	---	Yes	---	No	---	Yes	---	Yes	---	No	---	Yes	---	---
KS	No	---	No	---	No	---	Yes	---	No	---	No	---	Yes	1	Yes
MD	Yes	1	No	---	Yes	1	Yes	3	Yes	1	Yes	1	No	---	---
ME	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
MS	No	0	Yes	3	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1	
NC	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
NH	No	---	No	---	No	---	No	---	Yes	19	Yes	19	Yes	19	---
NE	Yes	---	Yes	---	---	---	Yes	---	No	---	Yes	---	Yes	---	---
NV	No	---	No	---	No	---	Yes	1	No	---	No	---	No	---	Yes
OR	Yes	---	No	---	Yes	---	Yes	---	Yes	---	Yes	---	Yes	---	Yes
PA	---	---	---	---	---	---	Yes	---	Yes	---	Yes	---	Yes	---	Yes
RI	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
SC	Yes	12	Yes	7	Yes	5	Yes	4	Yes	3	Yes	3	Yes	2	Yes
SD	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
TN	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
TX	No		No		Yes	17	Yes	57	Yes	22	Yes	17	Yes	57	Yes
UT	Yes	---	Yes	---	Yes	---	Yes	---	No	---	Yes	---	Yes	---	---
VT	No	---	Yes	6	No	---	Yes	13	No	---	Yes	2	No	---	Yes
WV	No	---	No	---	No	---	No	---	No	---	No	---	No	---	No
WA	No	---	Yes	3	No	---	Yes	---	Yes	3	Yes	2	Yes	3	---
WY	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

FOOTNOTES FOR TABLES XIII-2A AND XIII-2B

Alaska

Fee setting function centralized; miscellaneous changes made to educational requirements, continuing education, reappointment intervals; reciprocity improved to some extent; complaint handling functions centralized; no significant easing of restrictions on open competition; no significant clarification of ethical issues.

Arizona

General note: Answers here are best estimates from staff who recall audits.

Colorado

Examination passing scores based upon minimum competency (criterion-referencing) rather than arbitrarily set for five agencies; advertising restrictions eliminated for 25 agencies; eliminated mandatory continuing education requirement of four agencies.

Connecticut

All but those agencies terminated were modified in one way or another; miscellaneous changes made to nearly all agencies reviewed; gave umbrella agencies the explicit authority to use standardized exams where feasible.

Delaware

We have standardized compensation for those serving on occupational licensing boards so that members receive $50 per meeting for meetings attended, up to a maximum of $500 per year.

Kansas

Two boards combined. Almost all sunset reviews result in changes, but most of these do not fall into the category of structural modifications. Most modifications listed above apply to regulatory agencies, not functional agencies that comprise the larger number of agencies reviewed in Kansas.

Maine

Note: Your questionnaire focuses on licensing boards. The Audit Committee reviewed a number of health professional boards in the early 1980s. Since that time, the audit process has evolved and matured. Many of Maine's professional regulatory boards are up for review this year and the issues addressed in your questionnaire will all be examined for each board.

Mississippi

Public members added to boards of 20 agencies reviewed in 1983.

Nevada

Organizational and procedural improvements made to one agency.

Oregon

Mandatory reporting requirements for health professions; consolidation of boards; changes in board composition.

Pennsylvania

Exam requisites changed but not certain for how many agencies; several boards allowed to set fees; miscellaneous changes made to various agencies; not certain how many agencies' exams standardized; not certain how many agencies' scope of practice changed; not certain how many agencies' reciprocity improved; complaint handling improved for several agencies; restrictions on competition eased for a few agencies. A variety of other changes made, for example, adding reporting requirements to the General Assembly, requiring that agencies be financially self-sufficient, improvements in administrative practices, etc.

Rhode Island

Modifications directly attributable to sunset review and recommendations.

South Carolina

Many other modifications were enacted by agencies through internal administrative action which did not require changes in law.

Tennessee

Many changes in each of the categories have been made, but no exact numbers can be provided.

Texas

Clarification of division of responsibilities between board and staff; development of career ladders and merit pay; requirement that the public have a defined role in public meetings of a state agency.

Utah

Boards allowed to set fees subject to legislative approval. Restrictions on competition eased (note: however, this depends on area). Continuing education requisites increased: both "yes" and "no."

Vermont

Secretary of State sets fee; continuing education requisites decreased in one case; other changes include limitations on the number of terms a board member may serve, increased power of boards, such as subpoena and taking testimony under oath, and standardization of the types of activities which constitute unprofessional conduct.

Washington

Complaint handling improved for most agencies.

NOTE: States' responses in identifying the number of agencies affected by such modifications were not adequate to make any estimates of the state-by-state extent of such changes. One state (New Hampshire) reported 99 agencies modified, and Texas reported 95. Tennessee, which reported that it reviewed 200 agencies, said "50 percent" were modified. Pennsylvania reported that "most" of the 49 agencies it reviewed were modified.

APPENDIX I

STATE LAWS PERTAINING TO HEALTH PROFESSIONS REGULATION ENACTED IN 1986-87

STATE LAWS PERTAINING TO HEALTH PROFESSION CREDENTIALING ENACTED IN 1986 & 1987

(As of May 15, 1987)

STATE	LAW NUMBER	SUMMARY
Arizona	House 2012	Expands the definition of "unprofessional conduct" in law regulating **physician assistants** to include: signing blank prescription forms; having sex with patients; committing felonies; and other acts. Repeals temporary certification provisions. Increases fees. Provides that the board could summarily suspend certificates.
	House 2014	Specifies that the primary duty of the State Board of Medical Examiners is to protect the public from improper practice of **allopathic medicine** and that board authority includes: disciplining and rehabilitating **physicians**; investigating incompetence and unprofessional conduct; doing psychiatric and other testing of prospective doctors; and developing regulatory standards. Extends licensing exemptions to anyone doing "emergency harvesting" of donor organs outside of Arizona.
	House 2015	Allows the State Board of Medical Examiners to establish a privately-run program for rehabilitation of doctors who use drugs or abuse liquor, to be financed with money from license renewal fees.
	House 2016	Creates a **Controlled Substances** Advisory Committee consisting of the Attorney General, the Pharmacy Board Secretary and the Directors of the State Health Services and Public Safety Departments to review statutory control of drugs and recommend changes where thought needed. Adds Delta-9 tetrahydrocannabinol and its synthetic isomer to statutory lists.
	House 2368	Relates to "provisional" licenses for **nursing care institution administrators:** would be called "temporary" licenses instead and could be issued only for a period ending 15 days after results of the next available exam are announced (current period). Provides for six months maximum.

STATE	LAW NUMBER	SUMMARY
Arizona (Cont'd.)	Senate 1099	Makes provisions relating to the law eliminating guarantee of coverage for **chiropractors'** services.
	Senate 1119	Makes provisions pertaining to organ and tissue donations and agency and hospital procedures. Removes liability from "good faith" acts.
	Senate 1434	Causes "**podiatric assistants**" to be certified by the state.
Arkansas	House 1092	Makes it unlawful for anyone not licensed under Arkansas **Chiropractic** Practices Act or Arkansas Medical Practices Act to make spinal manipulations, mobilization or adjustment as defined in Chiropractic Act.
	House 1326	Includes definitions of **air ambulance** and air ambulance services; names Emergency Medical Services Advisory Council as regulatory authority over air ambulances and air ambulance services.
	House 1625	Makes any person already licensed as lay **midwife** and person who has met requirements with exception of county of practice eligible for licensing; entitles licensed midwife to accept compensation from agency or insurer.
	House 1725	Specifies practice of **chiropractic** includes spinal adjustments, spinal manipulations and spinal mobilizations.
	House 1885	Reenacts provisions for appointment of members of the Board of **Chiropractic** Examiners.
	House 1953	Authorizes Veterinary Medical Examining Board to impose civil penalty of no more than $5,000 on licensed **veterinarian** in violation of Veterinary Medical Practice Act; authorizes aggrieved veterinarian to appeal pursuant to Administrative Procedures Act.
	HCR 1022	Amends joint rules of House and Senate to require feasibility study by Joint Interim Committee on Public Health, Welfare and Labor before any bill to provide for **health care provider** licensing or expanding scope of health care practice may be introduced.

STATE	LAW NUMBER	SUMMARY
Arkansas (Cont'd.)	Senate 33	Relates to licensure renewal for **nurses**; authorizes the Board of Nursing to prescribe a procedure for cyclical biennial renewal of licenses.
	Senate 35	Repeals section relating to the licensing of non-resident **practical nurses** in state line cities.
	Senate 79	Redefines and clarifies the definition of **optometry**; authorizes optometrists to possess, administer, and prescribe appropriate drugs; expands duties of State Board of Optometry; prevents "grandfathering" of currently licensed optometrists until their completion of educational prerequisites.
	Senate 82	Increases membership of State Board of Health to 19 and provides new member shall be a practicing podiatrist.
	Senate 148	Defines licensed **veterinarians**; adds provision for practice as a general practitioner or in a specialty area as the board may by regulation provide.
	Senate 291	Provides any person practicing **dentistry** or **dental hygiene** without a license guilty of Class "D" felony and maximum prison sentence of six years and fine up to $10,000.
	Senate 292	Authorizes **dental hygienist** board members to vote on all matters except the examination and licensing of dentists.
	Senate 293	Revises the regulations governing the suspension, revocation of license or probation of **dentists** or **dental hygienists** whose advertising is fraudulent or misleading.
	Senate 294	Authorizes members of State Board of **Dental Examiners** to receive $100 per day for each day of attendance at regular or special meetings or while attending to any other proper business of the board.
	Senate 295	Eliminates participation in reciprocal licensing by another state as condition to licensing **dental hygienists** who apply for Arkansas license.
	Senate 300	Eliminates language dealing with **inhalation therapy**; substitutes therefor definition of **respiratory care**.

STATE	LAW NUMBER	SUMMARY
Arkansas (Cont'd.)	Senate 347	Requires **dentists** to submit to on-site inspections before issuance of permits to administer general anesthesia.
	Senate 413	Prohibits **home health care** agency from providing service without a license; suspension, revocation of license provided for.
	Senate 415	Sets fee charged by Medical Board to award **medical license** by examination at $250 increasing to $400; increases registration fee for **physical therapists** to $10.
	Senate 652	Raises license fee for **dispensing opticians** from $50 to a maximum of $100 with additional exams not to exceed $50; imposes penalty of $100 to licensed **ophthalmic dispensers** for failure to renew license by July 1; requires certificate of ownership of **optical dispensary** to be filed with Arkansas State Board of Dispensing Opticians between June 1 and June 30.
Colorado	House 1066	Defines "unprofessional conduct" of a **physician** to include two or more acts or omissions which fail to meet generally accepted standards of medical practice, whether the two or more acts occur during a single treatment of one patient, during the course of treatment of one patient, or during the treatment of more than one patient and to include violation of any valid order of the Board of Medical Examiners or violation of any rule or regulation promulgated by the board in conformance with law.
	House 1082	Concerns the administration of **mental health institutions** managed by the Department of Institutions.
	House 1147	Makes provisions concerning creation of the **physicians'** peer health assistance fund, and providing for the funding and use thereof.
	House 1159	Makes provisions concerning the appointment of interpreters for the **hearing-impaired**.
Connecticut	House 5814	Concerning the definition of the practice of fitting hearing aids to make the statute consistent with the past and currently accepted practice of licensed **hearing aid dealers**.

STATE	LAW NUMBER	SUMMARY
Georgia	House 38	Relates to **dietitians** and **dietetic counselors**; changes the provisions relating to definitions.
	House 125	Relates to **dentists**; changes which acts constitute the practice of dentistry; provides for the use of conscious sedation and general anesthesia by dentists and certain other persons; provides for morbidity, mortality, and injury reports.
	House 135	Relates to application for license to practice **psychology**; changes certain license requirements.
	House 258	Revises comprehensively the laws relating to **speech pathologists** and **audiologists**.
	House 433	Relating to education, experience, and training requirements for licensure in **social work**; changes certain experience requirements.
	House 839	Relates to peer review groups; amends the definition of the term "**professional health care provider**;" includes rehabilitation supplier.
	Senate 286	Relates to disciplinary sanctions by the Composite State Board of **Medical Examiners**; requires that board to investigate a licensee's fitness to practice medicine if the board receives certain notifications regarding judgments on settlements relating to medical malpractice claims or relating to the practice of medicine.
	Senate 315	Relates to **emergency medical services**; provides for findings and a declaration of policy relative to emergency medical services systems.
Iowa	House 615	Relates to providing workers' compensation coverage for **emergency medical personnel**; provides authority for their certification.
Idaho	House 49	Amends various provisions relating to the practice of **dental hygienists**.
	House 112	Makes provisions relating to the practice of **physical therapy**. Provides an additional definition. Provides conditions for the revocation or suspension of a license.

STATE	LAW NUMBER	SUMMARY
Idaho (Cont'd.)	House 154	Relates to licensure of **occupational therapists**. Amends Title 54, Idaho Code, by the addition of a new Chapter 37, Title 54, Idaho Code, to provide legislative intent, to define terms, to require licensure, to provide exemptions, and other related provisions.
	House 225	Corrects terminology and to provide that a **chiropractic assistant** may perform services except for adjustment or manipulation of articulations of the body; requires five consecutive years of chiropractic experience and current national board of chiropractic examiner's certificate.
	House 252	Relates to **optometry**. Allows the use of therapeutic pharmaceutical ophthalmic agents by optometrists under certain conditions.
	House 255	Relates to the practice of **psychology**. Clarifies the language defining the practice of psychology and to provide that the practice of psychology includes diagnosing and treatment. Makes other related provisions.
Indiana	Senate 262	Authorizes the State Board of Dental Examiners to issue permits for the use of certain methods of pain and anxiety control by **dentists**.
	Senate 364	Modifies the definition of "**physical therapy**" in the law governing the licensure of persons engaged in the practice of physical therapy. Provides that physical therapy means the examination, treatment, or instruction to detect, assess, prevent, correct, alleviate, and limit physical disability, movement dysfunction, bodily malfunction, pain from injury, disease, and other physical or mental disability.
Kansas	House 2466	Concerns the Kansas **veterinary** practice act; authorizes the State Board of Veterinary Examiners to employ an executive director.
	Senate 35	Provides further concerning the regulation of certain branches of the **healing arts** and related health care specialties and biennial licensure.

STATE	LAW NUMBER	SUMMARY
Kansas (Cont'd.)	Senate 78	Provides for the licensure of **professional counselors** and associate counselors by the Behavioral Sciences Regulatory Board. Establishes the Advisory Commission on Professional Counseling.
	Senate 87	Concerning emergency medical services, provides for **first responder** certification.
	Senate 88	Continues in existence the Board of **Nursing**.
	Senate 113	Concerns the **optometry** law; defines the practice of optometry; establishes continuing education requirements.
	Senate 288	Provides for the registration of certain persons working in licensed community **mental health** centers or state or other governmental or educational institutions.
	Senate 300	Regulates grounds for denial, revocation or suspension of license for **mental health technicians**.
	Senate 302	Provides certain exceptions under the Kansas **nurse** practices act; granting certain authority to the board.
	Senate 338	Relates to the State Board of Healing Arts. Concerns the registration of **occupational therapists, occupational therapy assistants and respiratory therapists**.
Maine	Senate 96	(L 243) Increases the fees for examination and licensure of **chiropractors** up to $100.
Maryland	House 284	Extends from July 1, 1988, to July 1, 1989, the period for waiving the requirements for certification as a **professional counselor**.
	House 971	Changes the name of the State Board of Examiners of Nurses to the State Board of **Nursing**; and generally relates thereto.
	House 1075	Decreases from six to three years the length of the term of a member of the State Board of **Dental Examiners**; and generally relates thereto.
	Senate 336	Changes the name of the specialty of **pedodontics** in the practice of dentistry to **pediatric dentistry**.

STATE	LAW NUMBER	SUMMARY
Maryland (Cont'd.)	Senate 337	Alters the requirement to renew a license to practice **dental hygiene** to extend renewal privileges to a licensee who actively has practiced dental hygiene as a member of a federal dental service.
Michigan	Senate 24	Allows certain requirements to be waived when applying for **psychologist** license, if certain conditions are met.
Mississippi	House 733	Provides for the licensure of **social workers** by the State Board of Health; provides for certain exemptions; provides that the board shall appoint a social work advisory council to aid the board in administering the act; prescribes qualifications for the licensure of applicants; provides for the issuance, suspension, revocation and refusal to renew licenses.
	House 774	Provides additional grounds for the non-issuance, suspension, revocation or restriction of a license to practice medicine in the state of Mississippi.
	House 775	Removes the prohibition that no **dentist** may be certified in more than one specialty.
	House 778	Provides additional ground for disciplinary action against a **physician**.
	House 982	Provides that in any case in which disciplinary action is being considered by the State Board of Medical Licensure, the board may request, for the purpose of examination, patient records.
	House 1261	Makes an appropriation from special funds in the state treasury for the purpose of defraying the expenses of the State Board of Medical Licensure for the fiscal year 1988.
	Senate 2008	Exempts certain individuals holding limited institutional medical licenses on January 1, 1981 from the five-year license duration.
	Senate 2168	Authorizes an inactive licensure status for **registered nurses and licensed practical nurses**; authorizes the Mississippi Board of Nursing to establish the minimum number of hours of active practice required for license renewal or reinstatement.

STATE	LAW NUMBER	SUMMARY
Mississippi (Cont'd.)	Senate 2464	Makes it unlawful for any person other than an **optometrist** or **ophthalmologist** to sell, dispense or prescribe contact lenses; prescribes the criminal penalty for violation.
	Senate 2644	Authorizes the State Board of Medical Licensure to prescribe fees for **podiatrists** seeking licensure by examination and by reciprocity.
	Senate 2892	Makes an additional appropriation from special funds for the purpose of defraying the expenses of the Mississippi **Professional Counselor** Licensing Board for the fiscal year 1987.
Montana	House 51	Makes oral interviews of **dentistry** license applicants discretionary.
	House 165	Specifies that **pharmacists** are not liable for peer review.
	House 334	Makes provisions for generally revising licensing of **social workers** and **professional counselors**.
	House 353	Includes **dentists** in the doctor-patient privilege.
	House 364	Merges the Board of **Denturitry** and the Board of **Dentistry**.
	House 386	Clarifies the rulemaking authority of the Board of **Chiropractors**.
	House 443	Revises laws relating to practice and licensure of **psychology**.
	House 471	Provides for licensing and regulation of **dietitians** and **nutritionists**.
	House 505	Revises **acupuncturist** licensing requirements.
	House 541	"An act clarifying the terms of Board of **Nursing** members; clarifying educational requirements for nursing specialty areas; clarifying the Board's authority to define unprofessional conduct; clarifying the Board's procedures for denial, revocation, or suspension of a license."

STATE	LAW NUMBER	SUMMARY
Montana (Cont'd.)	Senate 2	Provides lien rights for **physical therapists, occupational therapists, chiropractors and dentists**.
	Senate 31	Allows direct patient access to **physical therapy**.
	Senate 170	Allows **optometrists** to treat eye disease with drugs. Establishes competency requirements.
	Senate 176	Includes **nurse specialist** services in the definition of medical assistance established for Medicaid. Requires health service corporations to provide coverage for services performed by a nurse specialist.
	Senate 305	Allows qualified **dentists** to perform physical exams on hospital admissions.
Nebraska	L 116	Eliminates a license requirement for **optometry**; provides educational standards for license renewals.
	L 473	Relates to **public health and welfare**. Changes provisions relating to the appointment and removal of board members. Redefines a term. Changes provisions relating to records. Provides for rules and regulations. Changes examination provisions. Changes disciplinary action provisions. Provides for and changes fees. Changes provisions relating to supervisors. Provides for standards for **pharmacists**. Prohibits certain acts by **animal technicians**. Makes related changes.
Nevada	Senate 77	Exempts certain **physicians** from the requirements of being licensed. Allows any member of the Board of Medical Examiners to administer oaths at meetings. Strengthens the requirements for licensure of **medical doctors**. Makes related provisions.
New Hampshire	House 118	Provides for sunset review of the Board of **Optometry**.
	House 119	Provides for sunset review of the **Pharmacy** Commission.
	House 121	Provides for sunset review of the Board of Registration of **Podiatrists**.

STATE	LAW NUMBER	SUMMARY
New Hampshire (Cont'd.)	House 147	Provides for sunset review of the Division of **Mental Health** by the Department of Health and Human Services.
New Mexico	House 98	Makes provisions relating to **acupuncture**. Sets examination requirements and provides for fees.
	House 249	Creates the Board of **Dental Hygiene** and regulates the practice of the profession.
	House 746	Transfers **respiratory care** and other programs to Regulation and Licensing Department.
	Senate 262	Makes provisions relating to professional **psychologists**. Doubles an appropriated application fee.
	Senate 446	Permits certain exceptions from licensure requirement of the **respiratory care** act.
	Senate 447	Amends the **respiratory care** act, omits definitions but defines the practice of respiratory care, etc.
	SJM 6	Makes provisions relating to **nursing** education. Directs the Board of Nursing and the Commission on Higher Education to study nursing education in New Mexico.
North Dakota	House 1176	Increases **hearing aid dealers and fitters** license to $100; decreases transient merchant's license to $100; creates a license fee of $10 to carry a concealed firearm or weapon; revises license fees for wholesalers and retailers of tobacco.
	House 1208	Relates to when a **nursing** license is issued, the qualifications for obtaining a nursing license by endorsement and the imposition of fines, costs, and disbursements for respondents in disciplinary proceedings before the Board of Nursing; and to provide a penalty.
	House 1563	Relates to disciplinary actions against licensed **physicians**.
	Senate 2171	Relates to physicians' prescriptions to be filed and preserved, requirements for a permit to operate a **pharmacy**, and the penalty for violation of law regulating pharmacies.

STATE	LAW NUMBER	SUMMARY
North Dakota (Cont'd.)	Senate 2277	Relates to licensing and certification of addiction **counselors**.
	Senate 2294	Relates to definitions and the authority of the Board of **Optometry**.
	Senate 2325	Relates to the composition of the Board of Examiners for **Nursing Home Administrators**; and the annual licensing fee for nursing home administrators.
	Senate 2334	Relates to qualifications of a foreign-trained applicant for a license to practice medicine.
	Senate 2459	Relates to licensing of **environmental health practitioners**.
Oklahoma	House 1396	Provides for additional fees to be charged for the Board of **Pharmacy** examination.
	House 1401	Defines terms and authorities of the Physical Therapy Committee pursuant to the Physical Therapy Practice Act; defines qualifications for **physical therapists**.
	Senate 39	Prohibits **physicians**, except those who practice in rural areas in which there are no pharmacies, from dispensing dangerous drugs. Allows physicians to furnish drug samples under certain conditions. Makes violations a misdemeanor. Declares an emergency.
Oregon	House 2311	Modifies the composition and duties of the advisory council on **nurse practitioners'** privileges of writing prescriptions; makes other provisions.
	Senate 158	Extends duration of limited permit. Removes exemption for local or state governmental agencies.
South Carolina	House 2080	Relates to general provisions concerning **physicians, surgeons**, and **osteopaths**; to provide for a waiver from requirements regarding FLEX examination scores and the number of times for sitting for the FLEX examination for anyone who has received an American Specialty Board certification in his specialty area with respect to obtaining regular, permanent licensure, and makes related provisions.

STATE	LAW NUMBER	SUMMARY
South Carolina (Cont'd.)	House 2425	Changes the reference to degrees in allied health sciences and related health fields, to degrees in **health related professions** and graduate studies in related health fields.
South Dakota	House 1059	Revises certain **mental health** statutes pertaining to the South Dakota human services center.
	House 1156	Provides for limited **medical certificates.**
	House 1192	Changes the classifications and educational requirements for **emergency medical technicians.**
	House 1214	Authorizes certain **healing arts** practitioners to participate in alternative health care delivery systems.
	House 1299	Provides for continuing education for **podiatrists.**
	House 1343	Revises certain **mental health** definitions.
	Senate 32	Authorizes the Board of **Vocational Rehabilitation** to establish a review panel to determine levels of interpreter qualification.
	Senate 103	Modifies the procedures for contested cases regarding the issuance and renewal of licenses to practice **medicine** or **osteopathic** medicine.
Tennessee	House 615	Revises certain fees and penalties relative to licenses of **nursing home administrators.**
	House 636	Enacts "**Mental Health-Mental Retardation** License Law Reform Act."
	Senate 113	Expands treatment by **optometrists.**
	Senate 134	Makes certain housekeeping amendments to the **Respiratory Care** Practitioner Act; authorizes issuance of certain temporary permits.
Texas	Senate 263	Makes provisions relating to regulation of **home health services.**
Utah	House 12	Modifies and clarifies licensing requirements for the practice of **social work.**
	House 13	Clarifies and modifies the licensing requirements for **marriage and family therapists.**

STATE	LAW NUMBER	SUMMARY
Utah (Cont'd.)	House 141	Provides that **dental hygienists** may administer anesthesia under certain circumstances.
	Senate 170	Makes provisions relating to **occupational and professional licensing.** Provides additional disciplinary sanctions which can be imposed upon medical licensees. Makes technical corrections.
Virginia	House 319	Relates to Department and Commissioner of Mental Health and Mental Retardation and State Mental Health and Retardation Board. Changes names to Department and Commissioner of **Mental Health, Mental Retardation** and **Substance Abuse** Services and State Mental Health, Mental Retardation and Substance Abuse Services Board.
	House 899	Restricts **psychologists** qualified as mental health experts in criminal cases to licensed clinical psychologists after 1989.
	House 1139	Transfers the regulatory authority for **audiologists** and **speech pathologists** and **nursing home administrators** from the Department of Commerce to the Department of Health Regulatory Boards.
	House 1317	Relates to practice of **clinical psychology**; defines the term "practice of clinical psychology" for purposes of regulating the profession.
	House 1472	Relates to records on **dispensing medicine.**
	House 1503	Relates to recording of certificates and licenses to practice **medicine** and **optometry.**
	Senate 374	Eliminates **clinical psychologists** from the temporary licensure requirements.
	Senate 452	Authorizes temporary detention and treatment orders for up to 12 hours on the advice of a physician for **emergency room patients** who are incapable of giving informed consent.
	Senate 496	Defines the term "practice of **clinical psychology**" for purposes of regulating the profession.

STATE	LAW NUMBER	SUMMARY
Washington	House 563	Makes provisions relating to professional licensing of: **hearing aid dispensers**; **nursing home administrators**; **psychologists**; **dentists and dental hygienists**; **embalmers and funeral directors**; optical professions; and others.
	House 699	Relates to limited licenses for **physicians**.
	House 942	Relates to the State Board of **Medical Examiners**.
	Senate 5105	Makes provisions relating to poisons. Specifies definitions; registration requirements; **pharmacist** duties.
	Senate 5412	Makes provisions relating to privileged communications for **osteopathic registered nurses**.
West Virginia	House 2667	Relates to **hearing aid dealers and fitters**; prohibits state or local governmental organizations or agencies from licensure eligibility; changes the annual meeting of the Board of Hearing Aid Dealers.
	House 2778	Relates to the State Board of **Osteopathy**, its members, applicants for examination, training of interns, license fees, temporary permits, fees for osteopathic medical corporations, biennial renewal of **osteopathic assistant** certification and fee.
	Senate 166	Relates to licenses to practice **medicine** and **surgery** or **podiatry**, educational training permits, and temporary licenses and permits.
Wyoming	House 158	Requires a review committee in each hospital to review professional practices as a condition of licensure and specifies the types of organizations eligible to be peer review organizations.
	House 340	Regulates the private practice of **professional counselors**, **marriage and family therapists**, **social workers**, and **chemical dependency specialists** in Wyoming; creates a licensure board; prescribes duties and powers of the board; makes related provisions.
	Senate 101	Authorizes **optometrists** to treat ocular pathology and to administer and prescribe pharmaceutical agents.

STATE	LAW NUMBER	SUMMARY
Wyoming (Cont'd.)	Senate 105	Revises the Medical Practice Act; provides for licensing and regulatory system for physicians and physician assistants; provides for a board of medical examiners and specifies its powers and duties; grants rulemaking authority; provides definitions; specifies applicability; exempts certain persons from civil liability; provides penalties; establishes a quorum requirement and removes a prohibition against locum tenens agreements; imposes an age requirement; removes citizenship requirements; makes other changes.

APPENDIX II

ORGANIZATIONS AS ADDITIONAL RESOURCES

ORGANIZATIONS AS ADDITIONAL RESOURCES

NATIONAL ORGANIZATIONS WITH HEALTH PERSONNEL INFORMATION

General or Cross-Professional Information

American Hospital Association
840 North Lakeshore Drive
Chicago, IL 60611
Contact: Barbara Bloom Kreml
Director, Human Resources
(312) 274-2467

American Medical Association
535 North Dearborn
Chicago, IL 60610
Contact: Department of State Legislation
(312) 751-6000

American Society of Allied Health Professions
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
(202) 857-1150

Intergovernmental Health Policy Project
The George Washington University
2100 Pennsylvania Avenue, N.W., Suite 616
Washington, DC 29937
Contact: Richard Merritt
Director
(202) 872-1445

National Clearinghouse on Licensure, Enforcement and Regulation
The Council of State Governments
Iron Works Pike, P.O. Box 11910
Lexington, KY 40578
Contact: Frances S. Berry
Director
(606) 252-2291

National Commission for Health Certifying Agencies
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
Contact: Barbara Hickey
Assistant Director
(202) 857-1165

National Professional Associations/Board Associations for Health Professions and Occupations Covered in this Report

The American Dietetic Association
430 North Michigan Avenue
Chicago, IL 60611
Contact: Michele Mathieu
Manager, Licensure Communications
Division of Policy Administration
(312) 280-5020

International Society for Clinical Laboratory Technologists
818 Olive Street, Suite 918
St. Louis, MO 63101
Contact: Mark Birenbaum, Ph.D.
(314) 241-1445

American Medical Technologists
710 Higgins Road
Park Ridge, IL 60068
Contact: Eleanore M. Bors
Associate Executive Director
(312) 823-5169

American Society of Medical Technologists
3 Metro Center
Bethesda, MD 20814
Contact: Sydney Oliver
Director of Governmental and Professional Affairs
(301) 961-1932

Opticians Association of America
10341 Democracy Lane
P.O. Box 10110
Fairfax, VA 22030
Contact: Nancy Roylance
(703) 691-8356

American Optometric Association
243 N. Lindbergh Boulevard
St. Louis, MO 63141
Contact: Sally A. Bowers, J.D.
Assistant Counsel
(314) 991-4100

American Society of Clinical Pathologists
1101 Vermont Avenue, N.W., Suite 604
Washington, DC 20005
Contact: Robbi-Lynn Watnik
(202) 371-0515

National Association of Boards of Pharmacy
1300 Higgins Road
Park Ridge, IL 60068
Contact: Fred Mahaffey
Carmen Catizone
(312) 698-6227

American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, DC 20037
Contact: Dr. Joan Z. Saah
Senior Vice President
(202) 628-4410

American Speech-Hearing-Language Association
10801 Rockville Pike
Rockville, MD 20852
Contact: Constance E. Lynch, Assistant Director
State and Regulatory Policy
(301) 897-5700

American Veterinary Medical Association
930 North Meacham
Shaumburg, IL 60196
Contact: Edward R. Ames, D.V.M.
Director of Scientific Activities
(312) 885-8070